

Please sign and return with your application.

NOTICE TO PHYSICIANS

Medicaid payment to hospitals is based in part on each patient's principle and secondary diagnoses and the major procedures performed on the patient, as attested to by the patient's attending physician by virtue of his or her signature in the medical record. Anyone who misrepresents, falsifies, or conceals essential information required for payment may be subject to fine, imprisonment, or civil penalty under applicable federal and state laws.

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I have read and acknowledge receipt of the above statement.

Signed: _____

Date: _____

Printed Name: _____