

Model Attestation Statement - Ambulance Crew Members - Version 1.1

Name of Patient: _____ Patient ID Number: _____

“I, _____ [print full name of the crewmember that signed the PCR], hereby attest that the PCR dated _____ [date of service] accurately reflects signatures/notations that I made in my capacity as the treating _____ [insert specific crewmember level of certification (EMT-B, EMT-I, Paramedic, etc.)] when I treated and/or transported the above listed Medicare beneficiary. I do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.”

Signed

Printed Name

Date

Model Attestation Statement – Authorized PCS Signers – Version 1.1

Name of Patient: _____ Patient ID Number: _____

“I, _____ [print full name of the physician/practitioner that signed the PCS or other document in question], hereby attest that the document dated _____ [date of signing PCS or other document in question] accurately reflects signatures/notations that I made in my capacity as _____ [insert provider credentials, e.g., M.D., D.O., RN, etc.] when I certified that the above listed Medicare beneficiary required ambulance transport. I do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.”

Signed

Printed Name

Date