MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

Office of Clinical Affairs
C201 Med Inn
1500 East Medical Center Drive
Ann Arbor, MI 48109-0825
Phone: (734) 615-1274
Fax: (734) 936-9406

Note: This original signed document must be present in the new Appointment Packet submitted to the Medical Staff Services for the application to be considered complete. No proposed candidate will proceed to the Credentialing Committee and Executive Committee on Clinical Affairs (ECCA) if this signed document has not been received.

SUBJECT: Practitioner Certification of Receipt and Attestation
Medicare/TriCare Notice
Michigan Medicine Compliance

From: Marie M. Lozon, M.D.
Chief of Staff

MEDICARE/TRICARE ACKNOWLEDGEMENT STATEMENT

As a condition for payment by the Medicare/Tricare (formerly Champus) programs, the hospital is required to obtain the attending physician's signature and maintain a copy of the signed acknowledgement statement. The acknowledgement indicates that the physician has received this notice. If you have any questions, please call the Manager of Compliance and Auditing at **(734) 936-5340**.

Notice to Physicians

"Medicare/Tricare payment to hospitals is based in part on each patient's principal and secondary diagnosis and the major procedures performed on the patient, as attested to by the patient's attending physician by virtue of his or signature in the medical record. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws."

ACKNOWLEDGEMENT

By signing this form, I:

- Acknowledge that my MiChart ID and Password will serve as my authorization code to be used for the purpose of authenticating my documentation of patient care by electronic means.
- Agree to comply with UMHS policy #03-09-001 UMHS Medical Record Requirements Policy (includes Medical Record form and Electronic Signature) https://michmed-clinical.policystat.com/policy/6411559/latest/
- Agree to comply with UMHS policy # 01-04-500 Michigan Medicine Security of Information Systems https://michmed-administration.policystat.com/policy/6360487/latest/
  related to the possession and use of my password.

I acknowledge that I have received this notice and the above aforementioned materials.

_____ _____
Practitioner signature **Print** Department/Division/Section

_____ _____
Please PRINT name legibly Date

If previously assigned, complete: UPIN_____ UM doctor #_____ National Provider Identifier # _____
Do not hold up this form if any of these numbers have not been assigned.

Original- Credentialing/OCA/Scanned to CACTUS

Revised: 03/23/2021