



**Please sign and return the form to the Medical Staff Office with your application.**

**NOTICE TO PHYSICIANS**

**Medicaid** payment to hospitals is based in part on each patient's principal 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: \_\_\_\_\_