

YALE-NEW HAVEN HOSPITAL
MEDICARE/CHAMPUS DECLARATION

Notice to Physicians

Medicare/CHAMPUS Prospective Payment System

I acknowledge receipt of the following statement: “Medicare/CHAMPUS 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 of Federal funds, may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.”

“This acknowledgement statement is effective as of _____.”

Signature

Date

PLEASE PRINT NAME