



# ***Central Wyoming Outpatient Surgery Center***

## **MEDICARE ATTESTATION ACKNOWLEDGEMENT STATEMENT NOTICE TO PHYSICIANS**

“Medicare payment to Ambulatory Surgery Centers is based on each patient’s procedures performed, 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 funds, may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.”

I, \_\_\_\_\_, the undersigned, acknowledge having received the above notice.  
(print or type name)

\_\_\_\_\_  
(legal signature)

\_\_\_\_\_  
(date)

(Legal signature means that which you would normally use on documents such as a Will, checks, etc. Initials are not acceptable.)