



Dear Physician,

Physician's Acknowledgement Statement

The Health Care Financing Administration (HCFA) requires hospitals to obtain a signed *Physician's Acknowledgement Statement* from any physician who is being granted admitting privileges at that Hospital.

Your signature acknowledges that you have received the following notice [42 CFR 41246 (b)]:

Notice to Physicians: Medicare payment to hospitals is based in part on each patient's principal and secondary diagnosis, and the major procedure 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.

Physician Signature: _____ Date: _____

Printed Name: _____

Sincerely,

Artesia General Hospital
Kelline N. Suro, RN, BSN
Chief Clinical Officer



MEDICAL STAFF SIGNATURE AUTHENTICATION FORM

Medicare regulation 482.24, authentication of signature, requires that the medical records department maintain a current list of authenticated signature, written initials, codes and stamps, when such are used for authorship.

Physician Name and Title (PRINTED)

Date

Physician Signature

Physician Initials

Approved Signature Stamps or Seals:

ARTESIA GENERAL HOSPITAL

Name _____ Privilege Request: (OBSTETRICS & GYNECOLOGY)

PRIVILEGES WILL BE GRANTED ON AN INDIVIDUAL BASIS, BASED ON DOCUMENTED EXPERIENCE, TRAINING AND DEMONSTRATED COMPETENCE. ANY CHANGES OR EXCEPTIONS ARE SUBJECT TO REVIEW AND APPROVAL BY THE APPROPRIATE COMMITTEES OF THE MEDICAL STAFF.

PRIV. PRIV.
REQ. GRANTED PROCEDURES

OBSTETRICS

()	()	Normal vaginal delivery, with or without episiotomy
()	()	Outlet forceps for cephalic pres. anterior position
()	()	Repair of first & second degree lacerations
()	()	Breech delivery
()	()	Multiple pregnancy
()	()	Version and Extraction
()	()	Low forceps-occiput anterior
()	()	Mid forceps delivery
()	()	Repair vaginal lacerations
()	()	Repair cervical lacerations
()	()	Duhrssen's incisions
()	()	Cesarean section, classical
()	()	Cesarean section, low cervical
()	()	Cesarean hysterectomy
()	()	Cesarean Wertheim
()	()	Extra-uterine pregnancy
()	()	Cervical biopsy and/or conization during pregnancy
()	()	Repair of incompetent cervix (Cerclage procedure)
()	()	Excision of vulvar lesions at delivery
()	()	Manual removal of retained placenta
()	()	Post partum sterilization
()	()	Management of abnormal bleeding
()	()	Management of pre-eclampsia & eclampsia
()	()	Evacuation of hematomas
()	()	Incomplete abortion
()	()	Management of fetal demise
()	()	Management of hydatidiform mole
()	()	Induction of labor, medical
()	()	Induction of labor, surgical
()	()	Amniocentesis
()	()	Management of medical complications of pregnancy

Other _____

GYNECOLOGY

()	()	D & C - diagnostic
()	()	D & C - therapeutic
()	()	I & D - Bartholin gland

PRIV. REQ.	PRIV. GRANTED	PROCEDURES
()	()	Bartholin gland excision
()	()	Biopsy of cervix
()	()	Conization of cervix
()	()	A & P colporrhaphy
()	()	Vulvectomy - simple
()	()	Vulvectomy - radical with node dissection
()	()	Hysterectomy, vaginal with or without adnexa
()	()	Hysterectomy, abdominal with or without adnexa
()	()	Uterine suspension
()	()	Pre-sacral neurectomy
()	()	Marshall-Marchetti Pubo-Vesico urethral susp.
()	()	Radium insertion, cervix
()	()	Radium insertion, uterus (Heymans)
()	()	Pelvic exenteration
()	()	Appendectomy, incidental
()	()	Repair surgical rent. of bladder, bowel
()	()	Ureteral repair
()	()	Ureteral transplant
()	()	Incisional hernia repair
()	()	Umbilical hernia repair
()	()	Repair rectovaginal fistula
()	()	Repair vesicovaginal fistula
()	()	Meckel's diverticulum
()	()	Evacuation of pelvic abscesses
()	()	Evisceration repair
()	()	Laparoscopy
()	()	Emergency Room back-up Call
()	()	Other _____
()	()	_____
()	()	_____

DO NOT WRITE BELOW THIS LINE -- For Committee Use Only

RECOMMENDED

NOT RECOMMENDED

Chairman, Credentials Committee _____ Date _____

Chairman, Executive Committee _____ Date _____

Chief of Medical Staff _____ Date _____

Chairman, Board of Trustees _____ Date _____