

**UW Medicine**  

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**NORTHWEST HOSPITAL  
& MEDICAL CENTER**  

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**Medicare Physician Acknowledgement Statement**

“Notice to Physicians: Medicare 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.”

I ACKNOWLEDGE RECEIPT OF THE ABOVE NOTIFICATION.

\_\_\_\_\_  
Physician Name (PLEASE PRINT)

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

Please return completed statement to:

Medical Staff Office MS D-149  
Northwest Hospital & Medical Center  
1550 N 115<sup>th</sup> St  
Seattle, WA 98133

The above acknowledgement will be filed in the physician’s credential file in the Medical Staff Office and will be made available to Qualis Health and/or CMS upon request.