

**MAIN LINE HEALTH HOSPITALS  
130 South Bryn Mawr Avenue  
Bryn Mawr, PA 19010**

**TO: MEMBERS OF THE MLH MEDICAL STAFF**  
**FROM: MLH MEDICAL STAFF AFFAIRS DEPARTMENT**  
**SUBJECT: MEDICARE/CHAMPUS ACKNOWLEDGEMENT**

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Noted below is the Medicare/CHAMPUS acknowledgement statement for Medicare and CHAMPUS. The notice, together with your acknowledgement, became a requirement in the Rules and Regulations of the Prospective Payment System in 1990. Your signature and return of the statement will eliminate the "Penalty Statement" in each DRG form.

Your signature below, accompanied by the date and printed name, will serve as acknowledgement.

**PLEASE SIGN THE ACKNOWLEDGEMENT BELOW & RETURN.**

Thank you.

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Medicare/CHAMPUS payments to hospitals are 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/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. (42 CFR 412.46)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (*typed or printed*)