



## "SIGNATURE ON FILE" CARD FOR BOTH MEDICARE AND MEDIGAP

Medicare Services has designed a dual purpose Medicare/Medigap card for "Signature on File" requirements.

**Providers may duplicate the form below and use it to obtain a "Signature on File" for both Medicare Part B and Medigap.** Please remember that you must get approval from Medicare Services to use the "Signature on File" method of billing.

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Name of Patient

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HIC #

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Name of Medigap Insurer

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Medigap Policy #

I request that payment of authorized Medicare benefits be made either to me or on my behalf to (enter provider name) for any services furnished me by that provider. I authorize any holder of medical information about me to release the Centers for Medicare & Medicaid Services and its agents any information needed to determine these benefits or the benefits payable for related services.

I request payment of authorized Medigap benefits be made to this provider and also authorize any holder of medical information about me to release to the above named Medigap insurer any information needed to determine benefits payable or services from this provider.

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Patient's Signature

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Date Signed

### PHYSICIAN SIGNATURE REQUIREMENTS

Medicare requires a legible identifier for services provided/ordered. The method used shall be hand written or electronic signature (stamp signatures are not acceptable) to sign an order or other medical record documentation for medical review purposes. Signature on File is acceptable.

**Noted Exception:** Facsimile of original written or electronic signatures are acceptable for the certifications of terminal illness for hospice.

Providers using electronic systems should recognize that there is a potential for misuse or abuse with alternate signature methods. Facsimile and hard copies of a physician's electronic signature must be in the patient's medical record for the certification of terminal illness for hospice. For example, providers need a system of software products which are protected against modification, etc., and should apply administrative procedures which are adequate and correspond to recognized standards and laws. The individual whose name is on the alternate signature method and the provider bears the responsibility for the authenticity of the information being attested to. Physicians should check with their attorney's and malpractice insurers in regard to the use of alternate signature methods.