



## ***Patient Assessment Form (PAF) and Healthcare Quality Patient Assessment Form (HQPAF) Signature Log***

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To Whom It May Concern:

The Centers for Medicare and Medicaid Services (CMS) documentation guidelines require providers to clearly document the date of the visit, their signatures and credentials on all medical records.

Validating signatures documented on medical records is an important step in the Patient Assessment Form (PAF) and Healthcare Quality Patient Assessment Form (HQPAF) submission process. To help us validate provider signatures, we have included a signature log for you to complete while preparing your PAF/HQPAF submission. Each signature log should list all licensed providers who document information on patient medical records (i.e., physicians, physicians' assistants and nurse practitioners).

Complete the signature log as follows:

- Type or print the provider's name in the "Provider Full Name" column (MD, DO, NP and PA only)
- Each provider should enter his/her legal signature, full name and credential (MD, DO, NP, PA)
- The "Actual Chart Signature Variations" column should indicate all possible ways the provider would sign the medical record including full signature, initials, first initial last name or electronic signature

**Please return the forms to MedPOINT no later than August 1, 2014**

You can return the forms to us several ways: Fax, Traceable Carrier  
**Via Secure Fax** (preferred method to expedite processing):

**Attention: Kimberley Litzsey**

**Fax: 818-340-7626**

**Via Traceable Carrier:**

**Attn: Kimberley Litzsey, HCC Coding Specialist**

**MedPOINT Management**

**PO Box 572975**

**Tarzana, CA 91367**

Thank you for your participation in the Optum PAF/HQPAF

### **Signature Log Sample**

<b>SAMPLE</b>			
<b>Provider Full Name</b>	<b>Credential</b>	<b>Legal Signature</b>	<b>Actual Chart Signature Variations</b>
John Doe	D.O.	John Doe, DO	JohnDoeDO, JDoeDO, JDDO

