

# Schedule C

## GEORGIA UNIFORM HEALTHCARE PRACTITIONER CREDENTIALING APPLICATION FORM REGULATION ACKNOWLEDGEMENT

### NOTICE TO PHYSICIANS

Medicare and Tri-Care payment to hospitals is based in part on each patient's principal and secondary diagnosis 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.

By my signature below, I acknowledge receipt of this notice.

<b>Signature:</b>	
<b>Printed Name:</b>	<b>Date:</b>