



MEDICAL ASSISTANCE BULLETIN
COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE

SUBJECT	Policy Clarification Regarding Provider's Signature	BY	 Gerald F. Radke Deputy Secretary for Medical Assistance Programs
NUMBER:	99-86-06		
ISSUE DATE:	September 19, 1986		
EFFECTIVE DATE:	September 19, 1986		

PURPOSE:

The purpose of this bulletin is to notify providers of the Department's policy regarding the provider's signature on patient records.

SCOPE:

Applicable to all enrolled providers in the Medical Assistance Program.

BACKGROUND:

The Department has received inquiries on the use of a "signature stamp" on patient records.

DISCUSSION:

Medical Assistance regulations (55 PA Code 1101.51 (e) (1) (iii) require that entries shall be signed and dated by the responsible provider. ALTHOUGH A SIGNATURE STAMP MAY BE USED ON INVOICES SUBMITTED TO THE DEPARTMENT, SUCH STAMPS MAY NOT BE USED ON THE PATIENT RECORD.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Bureau of Provider Relations
P.O. Box 8024
Harrisburg, Pennsylvania 17105

or call the appropriate toll-free number for your provider type.

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.