



MEDICAL ASSISTANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF PUBLIC WELFARE

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SUBJECT

Signature Requirements and
Encounter Forms

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Purpose

The purpose of this bulletin is to:

- 1) remind providers of recipient signature requirements, and
- 2) clarify for providers the use of the encounter form.

Scope

This bulletin is applicable to all providers enrolled in the Medical Assistance Program.

Background

The Department's policy has always been that medical assistance invoices must have either the recipient's signature or the words "signature exception" appearing in the signature field. The signature certifies that the recipient received a medical service or item and that the recipient listed on the Medical Services Eligibility Card is the individual who received the service.

Providers who bill via continuous print forms (pin-fed), diskette, or the tape-to-tape billing mode must retain patients' signatures on file using an encounter form.

Discussion

The following may sign his or her own name on behalf of the recipient:

1. a parent
2. a legal guardian
3. a relative
4. a friend

PROVIDERS OR EMPLOYEES OF A PROVIDER DO NOT QUALIFY AS A RECIPIENT'S AGENT.

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COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Bureau of Hospital and Outpatient Programs
P.O. Box 8046
Harrisburg, Pennsylvania 17105

OR CALL THE APPROPRIATE
TOLL-FREE NUMBER FOR YOUR
PROVIDER TYPE

There are some situations in which the provider is not required to obtain the recipient's signature. Those situations are:

1. When billing for inpatient hospital, short procedure unit, nursing home, or emergency room services provided by an independent physician.
2. When billing for services which are paid in part by another third party, such as Medicare or Blue Cross.
3. When billing for services provided to a recipient who is unable to sign because of a physical condition such as palsy.
4. When billing for services provided to a recipient who is physically absent, such as laboratory services, reading an X-ray, or reading an EEG, or performing case management services.
5. When resubmitting an invoice which was previously rejected.

In all of the above situations, you must print the words "SIGNATURE EXCEPTION" on the recipient's signature line of the invoice.

NOTE: Situations which do not require the recipient's signature also do not require encounter forms.

Procedure

Encounter forms may be developed by the provider and must contain the following information:

1. A certification statement: "I certify that the information shown on this invoice is true, correct, and accurate. I understand that payment and satisfaction of this claim will be from federal and state funds, and that any false claims, statements or documents, or concealment of material facts, may be prosecuted under applicable federal and state laws."
2. Provider Name and MAID Number.
3. Recipient Name and ID Number, including the Line Number.
4. Recipient's Signature, or the signature of the recipient's agent.
5. Date of Service.

You may also photocopy and use the example encounter form contained in your handbook. A separate encounter form may be used for each patient or multiple patients may sign on one form. This form is not available on the MA 300X Reorder Form.

Remember, however, Department regulations require that encounter forms containing the patients' signatures must be maintained on file for at least four years, independently from other medical records, and must be available for reviewing and copying by state and/or federal offices. This bulletin obsoletes Medical Assistance Bulletin 99-81-02.