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

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

Return this via secure fax or traceable carrier:

Secure Fax (preferred method to expedite processing)**:**
Attn: Optum – Prospective Processing
Secure Fax: 1-877-889-5747
- or -
Traceable Carrier:
Attn: Optum – Prospective Processing
1021 Windcross Ct., Franklin, TN 37067

Thank you for your participation in the Optum PAF/HQPAF program.

Sample Signature Log Sample

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

OPTUM™

Date: _____

Group Name: _____ **State:** _____

Provider Full Name	Credential	Legal Signature	Actual Chart Signature Variations

Signature Log Checklist

When completing the Signature Log, please be sure to:

☐ Enter the date this log was created and your group name

☐ Sign all variations of your signature that might be used to sign a medical record

☐ Type or print your name and credential (MD, DO, NP, and PA only)

☐ Sign your legal signature, full name including credential