



Attachment II – Page 1

IPRO
10TH SOW PHYSICIAN ACKNOWLEDGMENT STATEMENT MONITORING –
REQUIRED INFORMATION

Please provide all requested information on pages 1 and 2.

RETURN REQUIRED INFORMATION BY February 17, 2014 TO:

**Nancy McGrath, Assistant to
Andrea Goldstein, Vice President, Medicare/Federal Health Care Assessment
IPRO
Nmcgrath@IPRO.org
Fax: 516-304-3112**

- 1. Name of Hospital: _____
Address _____

- 2. Medicare Provider No: _____
- 3. Submitted by: _____ / _____
(Hospital Representative Name) (Title)

Phone #: _____ Fax #: _____ Email Address: _____

PLEASE CHECK ONE:

PLEASE SEE ATTACHED LIST OF ALL ATTENDING PHYSICIANS APPOINTED TO STAFF BETWEEN JANUARY 1, 2013 AND DECEMBER 31, 2013.

[OR]

THERE WERE NO ATTENDING PHYSICIANS APPOINTED TO STAFF BETWEEN JANUARY 1, 2013 AND DECEMBER 31, 2013.

Please call Nancy McGrath, Administrative Assistant at (516) 209-5364, should you have questions in regard to completion/submission of this information.