



Attachment II – Page 2

Name of Hospital: _____ Medicare Provider #: _____

IPRO
Fax: 516-304-3112
Nmcgrath@IPRO.org

10TH SOW PHYSICIAN ACKNOWLEDGMENT STATEMENT MONITORING

Please provide the following information for physicians appointed to staff between January 1, 2013 and December 31, 2013.

<i>Last Name</i>	<i>First Name</i>	<i>UPIN # or NPI #</i>	<i>Date Acknowledgment Signed</i>

Please duplicate this page as needed.