

## ePayment.06 - Last Name of Individual Signing Physician Certification Statement

## Definition

The last name of the healthcare provider who signed the Physician Certification Statement.

National Element	No	Pertinent Negatives (PN)	No
State Element	No	NOT Values	No
Version 2 Element		Is Nillable	No
Usage	Optional	Recurrence	0 : 1

## Constraints

Data Type	minLength	maxLength
string	1	50

## Data Element Comment

Added to assist in billing documentation.