

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 | 60 |

Data Element Comment

Added to assist in billing documentation.