

## 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.