

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.