



STATE OF NEW JERSEY

DEPARTMENT OF INSTITUTIONS AND AGENCIES

DIVISION OF MEDICAL ASSISTANCE

AND

HEALTH SERVICES

HEALTH SERVICES PROGRAM

Proposed

TRANSPORTATION

MANUAL

[JANUARY 1971]

DO NOT CIRCULATE

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copy 1

1971

knows the patient. Enter the name and address of the witness. If the patient is a minor, or cannot sign because of his physical or mental condition, a parent or guardian should sign and indicate relationship.

305.2 Mailing Instructions

Mail the Original Copy (Contractor's Copy), to:

The Prudential Insurance Company of America
P.O. Box 1900
Millville, New Jersey 08332

Retain the second (Provider's Copy) for your records.

FOREWORD

The New Jersey Medical Assistance and Health Services Act (Chapter 413, Laws of 1968) established a program of assistance and services for defined groups of persons to enable them to secure quality medical care. This is the New Jersey version of a program commonly known as "Medicaid" or "Title XIX". In identifying persons eligible for such assistance and services this will be known as the New Jersey Health Services Program.

This manual is designed for use by providers billing for services furnished under the Program. It contains informational and procedural material needed to assist the provider in prompt and efficient payment of claims and to answer questions which patients may ask about the program. The procedures described in this manual have been devised to achieve the goals of the Program with due consideration to the needs of the covered persons and effective relationships with providers.

A careful effort has been made to insure that the provisions of the law and the regulations are accurately reflected. This issuance should help to assure that the law is uniformly applied without regard to where covered services are furnished.

The manual is designed to accommodate new pages as administrative changes in procedure are made. Accordingly, revised sections, pages, or chapters will be issued as the need presents itself.

PLEASE TYPE OR PRINT



STATE OF NEW JERSEY
Department of Institutions and Agencies
Division of Medical Assistance and Health Services

AMBULANCE AND OTHER TRANSPORTATION CLAIM

1. Patient's Last Name		First Name		2. Patient's Street Address		Telephone Number
3. Health Services Program Case No.		4. Patient Permit	5. Age	6. Sex (1) Male (2) Female		City, State, ZIP Code
7.				8.		

9. From: Name and Address of Provider		Social Security or Employer I.D. Number	
		Telephone Number	

10. A. DATE PROVIDED	B. TYPE OF TRANSPORTATION	C. ORIGIN AND DESTINATION POINTS	D. MILES ONE WAY	E. CHECK (✓) IF FLAT RATE	F. CHARGES
					\$
					TOTAL CHARGES \$

11. INFORMATION REQUIRED FOR EMERGENCY TRANSPORTATION

A. Name and Number of Physician ordering Transportation Name Social Security Number		B. Individual other than Physician who ordered Ambulance	
C. If an Emergency briefly Describe Circumstance		D. Was Patient Admitted to Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give the Name and Address of the Hospital.	

12. PATIENT'S CERTIFICATION, Authorization to Release Information, and Payment Request. I certify that the service(s) covered by this claim has been received, and I request that payment for these services be made on my behalf. I authorize any holder of medical or other information about me to release to the Division of Medical Assistance and Health Services or its authorized Agents any information needed for this or a related claim.

Signature (Patient or authorized representative) _____ Date _____

13. PROVIDER CERTIFICATION. I certify that the services covered by this claim and the amount charged therefore are in accordance with the regulations of the New Jersey Health Services Program; that no part of the net amount payable under this claim has been paid, and that payment of such amount will be accepted as payment in full without additional charge to the patient or to others on his behalf. I also certify that the services have been furnished in full compliance with the provisions of Title VI of the Federal Civil Rights Act.

Provider Signature _____ Date Signed _____

FOR PAYMENT MAIL TO: The Prudential Insurance Co. of America - P.O. Box 1900 - Millville, N.J. 03332

MC-12A (1-79)

CONTRACTOR'S COPY

COMS 32715A ED 1-79
Printed in U.S.A.

MC-123 (1-79)

PROVIDER'S COPY

COMS 327153 ED 1-79
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CHAPTER I

GENERAL INFORMATION ABOUT THE PROGRAM

100. WHO IS ELIGIBLE

In general, Medical Assistance will be available to the following individuals:

All individuals receiving financial assistance under the State programs of Old Age Assistance, Assistance for Dependent Children, Aid to the Blind and Assistance to the Permanently and Totally Disabled. (These are referred to as "categorical assistance" programs.)

Persons who would be eligible for financial assistance under one of the above programs except for a requirement that is specifically prohibited by Federal law or regulations, such as execution of a reimbursement agreement.

Persons who meet the standard of need applicable to their circumstances under one of the categorical assistance programs, but who are not receiving and do not apply for such assistance.

Children between 18 and 21 who, except for school attendance requirements, would be eligible for the State program of Assistance for Dependent Children.

Children under 21 years of age in foster placement under supervision of the Bureau of Children's Services for whom maintenance is being paid in whole or in part from public funds.

The spouse of a recipient of old age assistance, assistance for the permanently and totally disabled, or assistance for the blind who is living with such recipient and whose needs are taken into account in determining the amount of financial assistance for the recipient.

GENERAL INFORMATION

102. AUTHORIZED SERVICES FOR COVERED PERSONS

The items and services provided to covered persons will not normally be limited in duration or amount. Any limitations imposed will be consistent with the medical necessity of the patient's condition, as determined by the attending physician or other practitioner, in accordance with standards generally recognized by health professionals and promulgated through the Division of Medical Assistance and Health Services. The following items and services, more specifically defined in subsequent sections of the appropriate manual, are authorized under the Program:

- (a) Inpatient hospital services, other than services in an institution for tuberculosis or mental diseases;
- (b) Inpatient hospital services for persons 65 and older in a public institution for tuberculosis or mental diseases;
- (c) Outpatient hospital services;
- (d) Clinic services, i.e., health services provided by an outpatient facility not administered or operated by a hospital;
- (e) Laboratory and x-ray services;
- (f) Skilled nursing home services;
- (g) Physicians' services, whether furnished in the office, patient's home, hospital, skilled nursing home or elsewhere;
- (h) Other practitioners' services, limited by State law to podiatrists and optometrists;
- (i) Dental services, including dentures;
- (j) Home health care services;
- (k) Pharmaceutical services - prescribed drugs (legend and non-legend)
- (l) Prosthetic devices and appliances, medical supplies and equipment; eyeglasses and hearing aids;
- (m) Rehabilitation services;
- (n) Transportation, i.e., ambulance service to and from a medical facility when the patient's condition precludes the use of other means of transportation.

GENERAL INFORMATION

103. ELIGIBLE PROVIDERS

Providers of services means any individual, partnership, association, corporation, institution, or public agency designated below, meeting applicable requirements and standards for participation in the Program:

Medical and Surgical Supply Dealers;

Certified Independent Clinical laboratories;

Dentists;

Hearing Aid Dealers;

Home Health Agencies;

Hospitals;

Skilled Nursing Homes;

Opticians;

Optometrists;

Approved Clinics (Independent Outpatient Health Facilities);

Certified Orthotists;

Pharmacies;

Physicians;

Podiatrists;

Certified Prosthetists; (excluding dental)

Providers of Medical Transportation.

104. FREE CHOICE BY COVERED PERSONS

A covered person is free to choose qualified facilities, practitioners and providers of service which meet the Program standards. In the event that the patient has no personal practitioner, or none is available, the Local Medical Assistance Unit may assist in obtaining an appropriate practitioner or health resource.

GENERAL INFORMATION

105. CONTRACTORS

The Division of Medical Assistance and Health Services will process and make payment of claims for services by skilled nursing homes and eligible state and county mental and tuberculosis hospitals.

Contracts have been negotiated on behalf of the State of New Jersey with the Hospital Service Plan of New Jersey and the Prudential Insurance Company of America to function as its contractors.

The Hospital Service Plan of New Jersey will be responsible for the processing and payment of hospital inpatient, hospital outpatient, and home health agency claims for those providers who have selected the Plan as their intermediary under Title XVIII (MEDICARE). In addition, the Hospital Service Plan of New Jersey will process and pay all pharmaceutical services claims (i.e., legend and non-legend drugs), and claims for out of state hospitals and home health agencies. Hospitals who have not participated in Title XVIII are assigned to the Hospital Service Plan.

The Prudential Insurance Company of America will handle the processing and payment of hospital inpatient, outpatient and home health agency claims for those providers who have selected Prudential as their intermediary under Title XVIII (MEDICARE). In addition, the Prudential Insurance Company will process and make payment for all other health services covered by the program.

106. PRIOR AUTHORIZATION

Under the Program, payment for certain services will require prior authorization from the Local Medical Assistance Unit, except in an emergency. It is the responsibility of the specified person or institution providing such service to obtain prior authorization before furnishing or rendering service. Specific instructions are detailed in the appropriate manual sections.

107. POLICY ON OUT OF STATE MEDICAL CARE AND SERVICES

Prior approval of the Local Medical Assistance Unit shall be required for medical care and services which are to be provided outside New Jersey, except in the following situations:

1. Where necessary medical care is provided to a patient who is temporarily absent from the state.

GENERAL INFORMATION

2. When it is customary for persons in the area generally to use medical care resources and facilities outside the State of New Jersey.
3. When out of state care was provided in an emergency.

108. GENERAL EXCLUSIONS

The items listed here are general exclusions. There are certain additional specific exclusions and limitations which are detailed in the appropriate manual sections.

Payment is not made for:

1. Any service, admission or item which is not medically required for diagnosis or treatment of a disease, injury or condition;
2. Any services or items furnished in connection with elective cosmetic procedures;

Note: There are certain exceptions to this rule.

A written certification of medical necessity and a treatment plan must be submitted by the practitioner to the Local Medical Assistance Unit for consideration, and Prior Authorization is required.

3. Private duty nursing service;
4. Services or items furnished for any sickness or injury occurring while the Covered Person is on active duty in the military;
5. Services or items furnished for any condition or accidental injury arising out of and in the course of employment, for which any benefits are available under the provisions of any Workmen's Compensation Law, Temporary Disability Benefits Law, Occupational Disease Law or similar legislation, whether or not the Covered Person claims or receives benefits thereunder, and whether or not any recovery is had against a third party for resulting damages;
6. That part of any benefits which are covered or payable under any health, accident, or other insurance policy, any other private or governmental health benefit system, or through any similar third party liability;
7. Services or items furnished prior to January 1, 1970, or prior to the period for which the patient presents evidence of eligibility for coverage;

GENERAL INFORMATION

8. Services or items furnished after the last day of the month in which the patient ceases to be eligible for coverage;
9. Any services or items furnished for which the Provider does not normally charge;
10. Any admission, service or item requiring Prior Authorization, where authorization has not been obtained or has been denied;
11. Services furnished by an immediate relative or member of the covered person's household.

109. CONFIDENTIALITY OF RECORDS

All individual medical records of covered persons acquired under this Program shall be confidential and shall not be released without the written consent of the covered person or his personal representative. This shall not preclude the release of statistical or summary data or information in which covered persons are not, and cannot be, identified, nor shall it preclude exchange of information between individuals or institutions providing care, Contractors and State or local official agencies.

110. UTILIZATION OF INSURANCE BENEFITS

Health, hospital, workmen's compensation, or accident insurance benefits shall be used to the fullest in meeting the medical needs of the covered person. Supplementation of available benefits shall be as follows:

1. Title XVIII

The Program, in most instances, shall cover the amount of any deductible or co-insurance liability under Title XVIII of the Social Security Act for all covered persons 65 years of age or older.

2. Workmen's Compensation

No Program payments shall be made for a patient covered by workmen's compensation.

3. Other Health Insurance

When a covered person has other health insurance, the Program requires that such benefits be used. Supplementation shall be made by the Program when necessary, but the combined total shall not exceed the amount payable under the Program in the absence of other coverage.

GENERAL INFORMATION

111. MEDICAL REVIEW AND EVALUATION (by Local Medical Assistance Units)

Under the provisions of Federal and State Law, the Division of Medical Assistance and Health Services must provide for continuing review and evaluation of the care and services provided in the Program. This will include review of utilization of services of practitioners and other providers.

112. PROVISION FOR APPEALS - FAIR HEARING

All providers of service or covered persons will be given the opportunity for a fair hearing concerning grievances arising from the claims payment process.

113. FRAUD

The State Agency will establish and maintain methods for identifying situations in which a question of fraud in the program may exist, and referring to law enforcement officials situations in which there is valid reason to suspect that fraud has been practiced.

114. CIVIL RIGHTS

Federal regulations require that services provided to covered persons are given without discrimination on the basis of race, color, religious belief, or national origin. Therefore, payments are limited to providers of service who are in compliance with the non-discrimination requirements of Title VI of the Civil Rights Act.

115. OBSERVANCE OF RELIGIOUS BELIEF

Nothing in the Program shall be construed to require any person to undergo any medical screening, examination, diagnosis, or treatment or to accept any other health care or services provided under the Program for any purpose (other than for the purpose of discovering and preventing the spread of infection or contagious disease or for the purpose of protecting environmental health) if such person or his parent or guardian objects thereto on religious grounds.

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CHAPTER II

200. TRANSPORTATION

201. Definitions

201.1 Transportation

"Transportation" means the use of a carrier when medically necessary in order for the covered person to obtain medical or remedial care.

201.2 Carrier

A. Ambulance Service

"Ambulance Service" means the professional transportation of the sick, injured, infirm or otherwise disabled person from place to place in a vehicle specifically designed and equipped for such transportation, and operated by trained personnel. "Operated by trained personnel" means that at least one member of the ambulance crew is in possession of a current certificate of completion of the standard and the advanced Red Cross First Aid Courses.

The vehicle utilized to provide the ambulance service and the personnel whose duties involve care of the individual to be transported must meet the requirements specified in the definition stated above and the standards for ambulances set by "The American College of Surgeons and the Federal Highway Act."

B. Invalid Coach Service

"Other medically indicated transportation service" means a form of transportation of sick, injured, infirm or otherwise disabled persons, who are under the care and supervision of a physician, and who require transportation from place to place for medical purposes. For purposes of this manual, an invalid coach means a vehicle specifically designed for medical transportation that does not meet the definition of ambulance stated above.

C. Transportation by Air

Helicopters or aircraft used as a carrier when medically necessary in order for the covered person to obtain medical or remedial care.

[201.3 Emergency Conditions

"Emergency Condition" means a critical illness or injury status for which prompt medical care may be crucial to saving life and limb.

202. GENERAL POLICIES

[202.1 Service Without Cost

If the transportation service is operated by an organization which has established a policy of service without cost for a specific class of individual, or individuals living within a given area, then it shall be understood that service is available without cost to patients falling within such category who are covered under the Health Services Program.

[202.2 Ambulance Service

Ambulance service is covered only when the use of any other method of transportation is medically contraindicated.

[202.3 Invalid Coach Service

When covered persons do not need ambulance service, but need assistance of another person, Invalid Coach Service may be utilized. The Invalid Coach driver assists the covered person as necessary.

202.4 Transportation by Air

Eligibility for reimbursement is restricted to the emergency condition.

202.5 Non-Eligible Transportation Services

Services not reimbursable by the Health Services Program includes transportation by taxi, train, bus, and other public conveyances. Inquiry should be made to the County Welfare Board for reimbursement in accordance with the following excerpt from the Public Welfare Categorical Assistance Budget Manual, Chapter 300, page 9:

"A client, because of a medically verified illness, infirmity or physical handicap may need expenses of transportation.

- A. To clinic or hospital or doctor;
- B. To public or private medical institution."

[202.6 Transportation to Facilities Outside the Community

Transportation costs for covered persons who are required to make regular visits to medical facilities outside the immediate community are reimbursable only if the required services are not available within the community.

A licensed physician must recommend the mode of transportation to be used, and certify the special circumstances, or to the fact that the required services are not available within the community.

203. PRIOR AUTHORIZATION

Prior authorization of the patient's Local Medical Assistance Unit is required for transportation except in emergency conditions. A written request must be submitted on a "Request for Authorization" (Form-Medicaid 33030) along with an attached certification of medical necessity from the prescribing physician.

203.1 Mailing Instructions - Request for Authorization

The first two digits of the recipient's Health Services Program Identification number indicate the Local Medical Assistance Unit having jurisdiction. Requests for Authorization and any other reports required by the Local Medical Assistance Unit are to be sent to the Unit indicated. For patients in nursing homes, request for authorization should be sent to the LMAU serving the county in which the nursing home is located.

NOTE: Inquiries concerning eligibility and applications for eligibility are to be sent to the County Welfare Board of patient's residence.

203.2 Directory of Local Medical Assistance Units

<u>County Code</u>	<u>County</u>	<u>Street Address</u>	<u>Municipality</u>	<u>Zip Code</u>	<u>P.O. Box</u>	<u>Telephone</u>
01	Atlantic	1601 Atlantic Ave.	Atlantic City	08404	1970	609-344-2861
05	Cape May	" " "	"			
02	Bergen	90 Main Street	Hackensack	07601	813	201-488-5667
03	Burlington	50 Rancocas Rd.	Mt. Holly	08060	607	609-261-0448
04	Camden	709 Market St.	Camden	08101	19	609-365-3926
06	Cumberland	7 E. Broad St.	Bridgeton	08302	440	609-451-6550
07	Essex	505 S. 15th St.	Newark	07103	1576	201-548-3700
08	Gloucester	10 Harrison St.	Woodbury	08096	1900	609-845-7185
17	Salem	" " "	"			
09	Hudson	100 Newkirk St.	Jersey City	07306	8216	201-792-6390
10	Hunterdon	79 Main Street	Flemington	08822	19	201-782-1130
18	Somerset	" " "	"			
21	Warren	" " "	"			
11	Mercer	205 E. State St.	Trenton	08625	2465	609-292-7315
12	Middlesex	75 Paterson St.	New Brunswick	08903	1274	201-246-0653
13	Monmouth	320 Broad St.	Red Bank	07701	778	201-842-6440
14	Morris	6 Court Street	Morristown	07960	425M	201-267-1700
19	Sussex	" " "	"			
15	Ocean	952 President Ave. Apt. #1	Toms River	08753	1005	201-341-0804
16	Passaic	152 Market St.	Paterson	07590	2863	201-523-2800
20	Union	7 Bridge Street	Elizabeth	07201	776	201-355-8860

204. BASIS OF PAYMENT

204.1 Ambulance

Ambulance service shall be reimbursed on the basis of customary charge, not to exceed the following maximums:

- A.) Basic (loading charge) - \$20.00,
- B.) Mileage - \$0.80 per loaded mile,
- C.) Waiting Time - \$8.00 per hour.

204.2 Invalid Carrier

Invalid Carrier service shall be reimbursed on the basis of customary charge, not to exceed the following maximums:

- A.) Basic (loading charge) - \$10.00
- B.) Mileage - \$0.40 per loaded mile,
- C.) Waiting Time - not allowed.

204.3 Aircraft

Aircraft transportation service shall be reimbursed on the basis of negotiated rate not to exceed the charge made to non-eligible recipients for the same service.

204.4 HOSPITAL-OWNED SERVICE

If the patient is admitted to the hospital, the ambulance charges are billed as part of the in-patient hospital service. If the patient is not admitted, the ambulance charge is billed as a hospital out-patient service.

204.5 NURSING HOME-OWNED SERVICE

If the carrier is owned by the nursing home, and the service is required by an in-patient of that skilled nursing home, reimbursement is considered as part of the per diem rate. No further reimbursement is allowed.

204.6 Medical Supplies and Equipment

No additional payment is made for the use of medical supplies and/or equipment. Exception: Oxygen may be reimbursed on the basis of customary charge, not to exceed an allowance deemed reasonable by the Health Services Program.

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BILLING PROCEDURES

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CHAPTER III

300. BILLING PROCEDURES

This chapter contains basic information for the submission of a claim. Included is a sample claim form approved for use in submitting bills for covered services, and appropriate instructions for the proper completion of the form.

301. GENERAL POLICY

Billing should be done on a monthly basis. In all cases, claims should be submitted no later than ninety (90) days after the last date services were rendered to assure prompt claim consideration. Always furnish the prescribing physician's or practitioner's name.

302. PATIENT IDENTIFICATION

Verify that the patient is a covered person. This is done by viewing the patient's Validation Form (see Section 101) which is issued on the first day of each month. It is especially important to review a patient's Validation Form on each visit when extended plans of treatment have been authorized. Prior authorization is no guarantee that an individual is covered.

303. PRIOR AUTHORIZATION

Items or services requiring prior authorization should not be provided until the authorization is received. When submitting claims for payment make certain all authorizations have been properly signed by the Local Medical Assistance Unit and are attached. To assure prompt claim consideration always furnish the prescribing physician's or practitioner's name and Social Security number when requested to do so.

304. COMBINATION MEDICARE/MEDICAID CLAIMS

There will be many patients who also have Medicare Supplementary Medical Insurance benefits (Part B). In such cases, the Medicare Claim form SSA-1490 will also serve as the Health Services Program claim form, where possible. The patient's Program Case Number and Person Number should be entered in Item 5 of the Medicare form.

All billing for transportation services for patients age 65 or over shall be on Medicare claim forms.

305. AMBULANCE AND OTHER TRANSPORTATION CLAIM (MC-12)

This form should be used when submitting a claim for transportation services, including the providing of oxygen when necessary.

305.1 Instructions for Completion of Form MC-12 (Exhibit 1)

1-4 NAME, ADDRESS, CASE NO. and PERSON NO. - Copy Patient's Name, H.S.P. Case Number and Patient Person Number EXACTLY as it appears on his Validation Form.

5-6 Self-explanatory.

7-8 Leave blank.

9 NAME AND ADDRESS OF PROVIDER - This information may be pre-printed.

10 DESCRIPTION OF SERVICE

A. Show the date transportation was provided.

B. Show the type of vehicle used.

C. Under Origin and Destination, give the street address and city, or in the case of an institution such as a hospital or nursing home, the name of the institution. If oxygen was provided, show it in this section.

D. Show the distance traveled one way, from the origin to the destination.

E. Check if the charge is a flat rate.

F. Show the charge, including that for oxygen if provided.

11 INFORMATION REQUIRED FOR EMERGENCY TRANSPORTATION - The four questions in this section must be answered when emergency transportation is furnished. Item 11-A or 11-B is to identify the person ordering the ambulance. Item 11-C and 11-D are self-explanatory and should be completed as requested.

12-13

CERTIFICATIONS - The patient or his authorized representative and the provider MUST sign and date their respective certifications before the claim may be considered. The statement should be read to a patient who signs by mark, and witnessed by a person who