

SmartPhrase	Attestation
Evaluation and Management (E&M) Services	
.att	I have personally interviewed and examined the patient. I have reviewed the provider's history, physical exam, assessment and management plans. I concur with or have edited all elements of the provider's note.
.attdate	I have personally interviewed and examined the patient on ***. I have reviewed the provider's history, physical exam, assessment and management plans. I concur with or have edited all elements of the provider's note.
.atttele	I was physically/virtually present with the resident and concur with or have edited all elements of the providers
.atttime	My total time on this date and for this encounter was *** minutes which included the following activities <input type="checkbox"/> preparing to see the patient, <input type="checkbox"/> obtaining and/or reviewing separately obtained history, <input type="checkbox"/> performing a medically necessary exam and/or evaluation, <input type="checkbox"/> counseling and educating the patient/family/caregiver, <input type="checkbox"/> ordering medications, tests or procedures, <input type="checkbox"/> referring and communicating with others, <input type="checkbox"/> documenting clinical information in the medical record, <input type="checkbox"/> independently interpreting results and communicating results to patient/family/caregiver, <input type="checkbox"/> care coordination <input type="checkbox"/> *** This time is independent, non-overlapping and does not include time for any services which are separately report
.attengsupr	I provided general supervision.
.attreview	I have reviewed or discussed the resident's history, physical exam, assessment, and management plans. I concur with the assessment and plan as documented.
.attmnpa	I performed this service with the NP/PA. I personally made or approved the management plan for this patient. I {DID/DID NOT} perform the substantive portion of the medical decision making. I contributed to patient care in
.attcritical	During the time I saw the patient on XX/XX/XX, {he/she} was critically ill due to ***. I spent *** minutes providing the following critical care services: ***. I have reviewed the provider's history, physical exam, assessment and management plans. I concur with or have edited all elements of the provider's note.
Procedures	
.attentire	I was present for the entire procedure. I have edited the procedure note as appropriate.
.attkey	I was present for the key/critical portions of the procedure which were *** and was immediately available for the remainder of the procedure. I have edited the procedure note as appropriate.
.attendosc	I was present for the entire endoscopy viewing.
.attprodisc	I discussed this procedure with the resident/fellow and agree with the note as written.
Diagnostic Tests	
.attdxtest	I have personally reviewed the test data/image/tracing/specimen and I agree with the documented findings and interpretation. I have edited the report as appropriate.
Combination Attestations	
.attcombo	<input type="checkbox"/> I have seen and examined the patient. I have reviewed the provider's history, exam, assessment and <input type="checkbox"/> I have personally interviewed and examined the patient on ***. I have reviewed the provider's history, physical exam, assessment and management plans. I concur with or have edited all elements of the <input type="checkbox"/> I have reviewed or discussed the resident's history, physical exam, assessment, and management plans. I concur with the assessment and plan as documented. <input type="checkbox"/> I performed this service with the NP/PA. I personally made or approved the management plan for this patient. I {DID/DID NOT} perform the substantive portion of the medical decision making. I contributed to <input type="checkbox"/> My total time on this date and for this encounter was *** minutes which included the following activities <input type="checkbox"/> preparing to see the patient, <input type="checkbox"/> obtaining and/or reviewing separately obtained history, <input type="checkbox"/> performing a medically necessary exam and/or evaluation, <input type="checkbox"/> counseling and educating the patient/family/caregiver, <input type="checkbox"/> ordering medications, tests or procedures, <input type="checkbox"/> referring and communicating with others, <input type="checkbox"/> documenting clinical information in the medical record, <input type="checkbox"/> independently interpreting results and communicating results to patient/family/caregiver, <input type="checkbox"/> care coordination <input type="checkbox"/> *** This time is independent and non-overlapping. <input type="checkbox"/> I was present for the key/critical portions of the procedure which were *** <input type="checkbox"/> I was present for the entire procedure <input type="checkbox"/> I discussed this procedure with the resident/fellow and agree with the note as written. <input type="checkbox"/> I was present for the entire endoscopy viewing. <input type="checkbox"/> During the time I saw the patient on XX/XX/XX, {he/she} was critically ill due to ***. I spent *** minutes providing the following critical care services: ***. I have reviewed the provider's history, physical exam, assessment and management plans. I concur with or have edited all elements of the provider's note. <input type="checkbox"/> I have personally reviewed the test data/image/tracing/specimen and I agree with the documented findings and interpretation. I have edited the report as appropriate.
	I concur with or have edited all elements of the provider's note.

Note: The name of the person adding the attestation will automatically be populated to the end of the attestation (.mecredentials)