

Cardiac Surgery Confirmation Statement and Submission Checklist

Facility Name _____

PAF Number _____ Quarter _____

Checklist of Items to return to PHC4:

- Signed Hospital Confirmation Statement (*below*)
- Physician Sign-Off Reports
- Supporting Documentation Packets for the following cases:
 - Pre-Operative Cardiogenic Shock
 - Pre-Operative Acute Renal Failure
 - Special Request for Exclusion
(*A letter describing the reason for the request must be included*)

Hospital Confirmation Statement:

"I confirm, to the best of my knowledge, the accuracy of all data elements and surgeon assignments in the submitted files and that the final data in these files match the data listed in the Physician Sign-Off Reports."

PHC4 Contact Person Signature

Date