



The Centers for Medicare and Medicaid Services (CMS) documentation guidelines require providers to clearly document the date of the visit, their signatures and their credentials on all medical records.

Validating signatures documented on medical records is an important step in the Optum® in-office assessment submission process. To help us validate provider signatures, we have included a Signature Log for you to complete while preparing your assessment submission. Each Signature Log should list all licensed providers who document information on patient medical records (i.e., physicians, physician assistants and nurse practitioners).

Complete the Signature Log as follows:

- Type or print the provider group name, state and the date this log was created
- Type or print each provider’s name(s) in the *Provider Full Name* column with his/her corresponding credentials (i.e., MD, DO, NP, PA) in the *Credential* column
- The provider should sign his/her legal signature, which is the provider’s full name and credentials, in the *Legal Signature* column
- The provider should sign all variations of his/her signature that might be used to sign a medical record in the *Medical Record Signature Variations* column

**Return the completed Signature Log via the Optum Uploader at [optumupload.com](http://optumupload.com)**

To expedite processing, submission via the Optum Uploader is the preferred method, but you may also submit via secure fax or traceable carrier.

Secure fax server: 1-972-957-2145

- or -

Traceable carrier (any commercial carrier with traceable delivery) to:

Optum Prospective Programs Processing  
2222 W. Dunlap Ave.  
Phoenix, AZ 85021

For questions, please contact the Optum Provider Support Center at 1-877-751-9207 between 8 a.m. and 7 p.m. ET, Monday–Friday.

**Signature Log sample**

SAMPLE			
Provider Full Name	Credential	Legal Signature	Medical Record Signature Variations
John Doe	D.O.	<i>John Doe, DO</i>	<i>JohnDoeDO JDoeDO JDDO</i>



# Optum in-office assessment — Signature Log

Date: \_\_\_\_\_

Provider Group Name: \_\_\_\_\_ Provider Group State: \_\_\_\_\_

Provider Full Name	Credential	Legal Signature	Medical Record Signature Variations

## Signature Log checklist

When completing the Signature Log:

- Type or print the provider group name, state and the date this log was created
- Type or print each provider's name(s) in the *Provider Full Name* column with his/her corresponding credentials in the *Credential* column
- The provider should sign his/her legal signature, which is the provider's full name and credentials, in the *Legal Signature* column
- The provider should sign all variations of his/her signature that might be used to sign a medical record in the *Medical Record Signature Variations* column

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## Optum in-office assessment — Account Setup Form (ASF)

The Optum® in-office assessment reimbursement is designed to compensate for the time and costs reasonably expected to be incurred for participating in this program as well as, if permitted by the health plan, compensate for fulfilling the requirements of the Comprehensive Gap Assessment Program (CGAP) or Frontline Alliance.

***All providers who qualify for reimbursement must receive reimbursement via direct deposit.***

Please review the examples at the bottom of the next two pages, then complete either the top of page 2 (Option I: Pay to one TIN) or page 3 (Option II: Pay to multiple TINs), and return completed page to Optum to accept reimbursement for completed assessments that meet program requirements.

**Reimbursements can only be made when direct deposit enrollment, W-9 and page 2 or 3 of this ASF are completed and received by Optum.**

- A properly completed assessment will be reimbursed a one-time administrative reimbursement and (health plan permitting) a one-time CGAP reimbursement, per patient, per calendar year. For providers participating in Frontline Alliance, the provider may qualify for a one-time Member Assessment Program (MAP) reimbursement, a one-time risk reimbursement, a supplemental quality gap closure reimbursement for each applicable compliant gap and a one-time Quality Rating Performance reimbursement, per patient, per calendar year. The assessment must be submitted with documentation that is compliant with the Centers for Medicare and Medicaid Services (CMS), the U.S. Department of Health and Human Services and/or state Medicaid agency requirements.
- To receive reimbursement, a completed W-9 must be submitted with the completed ASF. The information provided in the *Payable to* and *Pay to TIN* fields on the ASF should be identical to the W-9 submitted.
- Direct deposit enrollment via Optum Pay must also be completed to receive reimbursement, as reimbursement can only be processed via direct deposit. To enroll in direct deposit, visit: <https://myservices.optumhealthpaymentservices.com/beginEnrollment.do>

**How to correctly fill out this Account Setup Form:**

- Please see examples at the bottom of the next two pages. After reviewing the examples, complete all fields on *either the top of page 2 (Option I: Pay to one TIN) or page 3 (Option II: Pay to multiple TINs)*, and return the completed page to Optum.
- In the *Assessment Identifier* column, list the identifier(s) used to order your assessments (for example, provider/group TIN, group ID, network ID or DEC).

**Return the completed ASF and W-9 via the Optum Uploader at [optumupload.com](http://optumupload.com)**

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## Optum in-office assessment — Account Setup Form (ASF)

Please check one:  Update to previously submitted form  New form

Optum health care representative, if known: \_\_\_\_\_

Please complete the fields below for Option I. If you need additional lines, please copy this sheet and submit.

### Option I: Pay to one TIN for all affiliated providers

Group Name & Office Location	Assessment Identifier*	Attention/Contact	Payable to	Pay to TIN (Tax ID Number)	Pay to Address

\*Please list the identifier(s) used to order your assessments (for example, provider/group TIN, group ID, network ID or DEC).

Complete the above if reimbursement for all providers within the group is to be issued to the same Pay to TIN (Tax ID Number).

Note: By selecting this option, the practice instructs Optum to issue reimbursement to the same Pay to TIN for all current and future providers affiliated with the practice. By selecting this option, you will not need to submit a revised ASF when new providers join the group.

Group Name & Office Location	Assessment Identifier*	Attention/Contact	Payable to	Pay to TIN (Tax ID Number)	Pay to Address
Family Practice Associates 111 Mulberry St. Anytown, ST 11111	123456789	Jane Doe	Family Practice Associates	123456789	111 Mulberry St. Anytown, ST 11111
Family Practice Associates	555555555				
Family Practice Associates	777777777				

### Return the completed ASF and W-9 via the Optum Uploader at [optumupload.com](https://optumupload.com)

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## Optum in-office assessment — Account Setup Form (ASF)

Please check one:  Update to previously submitted form  New form

Optum health care representative, if known: \_\_\_\_\_

Please complete the fields below for Option II. If you need additional lines, please copy this sheet and submit.

### Option II: Pay to multiple TINs

Group, Provider Name & Office Location	Assessment Identifier*	Attention/Contact	Payable to	Pay to TIN (Tax ID Number)	Pay to Address

\*Please list the identifier(s) used to order your assessments (for example, provider/group TIN, group ID, network ID or DEC).

Complete the above if reimbursement for all providers within the group is to be issued to multiple Pay to TINs (Tax ID Numbers).

Note: By selecting this option, the practice instructs Optum to only issue reimbursement to the providers listed above. An updated ASF will be required for all providers who subsequently become affiliated with the group; reimbursement will not be issued for any providers who are not listed until an updated ASF is received.

Group, Provider Name & Office Location	Assessment Identifier*	Attention/Contact	Payable to	Pay to TIN (Tax ID Number)	Pay to Address
Main St. Medical, John B. Doe, MD 222 Main Pkwy Anytown, ST 11111	111111111	Office manager Email address Phone number	John B. Doe, MD	123456789	222 Main Pkwy Anytown, ST 11111
Main St. Medical, Jane Doe, MD 123 Atlantic St Metro, ST 22222	111111111	Office manager Email address Phone number	Jane Doe, MD	987654321	P.O. Box 12345 Metro, ST 22222

### Return the completed ASF and W-9 via the Optum Uploader at [optumupload.com](https://optumupload.com)

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