



Vestal Volunteer Emergency Squad, Inc.

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Vestal, New York 13850
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www.vestalems.com

Emergency Dial 911

Attestation Statement - Ambulance Crew Members – Version 1.1

Name of Patient: _____

PCR Number: _____

“I, _____ [print full name of the crewmember that signed the PCR], hereby attest that the PCR dated _____ [date of service] accurately reflects signatures/notations that I made in my capacity as the treating _____ [insert specific crewmember level of certification (EMT-B, EMT-I, Paramedic, etc.)] when I treated and/or transported the above listed Medicare beneficiary. I do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.”

Signed

Printed Name

Date