



Cornerstone

Behavioral Healthcare

157 Park Street, Suite 5

Bangor, ME 04401

Phone: (207) 992-0410 Fax: (207) 992-0414

Toll Free: (866) 275-3741

Signature Attestation

APS and CMS require that we maintain a registry of Provider signatures for signature verification. Please complete the form below and return to our office at your earliest convenience.

Thank you.

Please sign your name – *stamps and electronic signatures are not acceptable for this form.*

Signature: _____ Initials: _____

Printed Name: _____

Credentials: _____ NPI # _____

Today's Date: _____