



**Agency ED Nurses Verification of In-service Requirement
regarding ED Patient Charges**

RN Name: _____

This signed statement verified that I completed the educational requirement, "Charging and Leveling of Care in the ED at Good Samaritan Hospital."

I recognize my responsibility to properly charge patients for both nursing time and supplies used during a patient visit in the ED at Good Samaritan Hospital.

Signature: _____

Date: _____