



DENTISTRY'S EMBEZZLEMENT & COMPUTER FORENSICS EXPERTS
AUDIT, ASSURANCE, DILIGENCE, INSIGHT

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“Dentist’s Signature Stamp”

Many offices use a “signature stamp” that is a direct copy of the dentist’s handwritten signature and used to create a mechanical reproduction of the dentist’s signature on paper dental claim and pre-determination forms.

We recommend you do not use this style of signature stamp in your practice.

We have encountered situations where the dentist’s signature stamp was fraudulently used by an employee to endorse checks, obtain credit cards in the dentist’s name, lease vehicles, open bank accounts and more.

To prevent fraudulent use the dentist’s signature stamp, we recommend the following stamp design and usage policy.

Change the way you speak

If you have not done so already, stop using the words “signature stamp” and instead refer to it as the “Office Verification Stamp”.

The term Office Verification Stamp clearly identifies the purpose and intent of the stamp.

Office Verification Stamp Design

We recommend the Office Verification Stamp use red ink, and employ a “self-inking” design. The design of a self-inking stamp makes it difficult for users to use a different color ink.

We do not recommend you use blue or black ink. The use of red ink is recommended to differentiate the signature as being made with a stamp, and not look like a valid handwritten original.



Figure 1: Common Style Signature Stamp

Figure 1 depicts a common style signature stamp. This style of the stamp creates a faithful mechanical reproduction of the signature in blue ink.

We recommend you DO NOT the use of this style signature stamp in a dental practice.



Figure 2: Check endorsement using common style signature stamp

Figure 2 shows a signature stamp being used for check endorsement. This style of stamp creates a mechanically reproduced handwritten signature that may be recognized by banks and financial institutions as a bona fide endorsement. Offices that refrain from using this style of signature stamp reduce the possibility that the dentist's signature will be used to make a fraudulent endorsement.

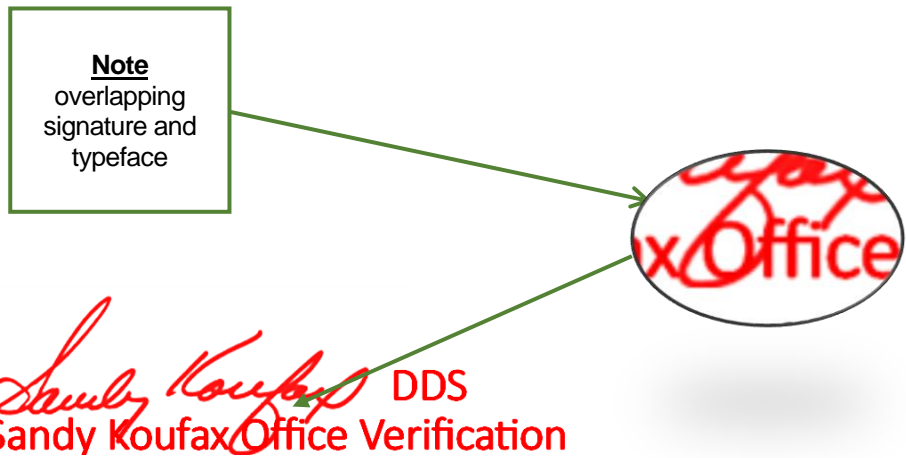


Figure 3: Recommended Style of Office verification Stamp

Figure 3 depicts the form and style of the Office Verification Stamp which we recommend dentists use. This stamp also contains the dentist's degree "DDS" and the words "Dr. Sandy Koufax Office Verification" in a typewritten font. As seen in the image above, we recommend that you have an overlap of the dentist's signature and typewritten font.

Implement Office Policy

When providing your employee with an Office Verification Stamp, we recommend that you have them sign a copy of the form included on the next page.

It is important that you provide clear instructions regarding authorized use of your Office Verification Stamp. In the event the stamp is ever used for fraudulent purposes, you will have documentation to show unauthorized use.

Notes: *Each employee should be issued their own Office Verification Stamp. These stamps should not be shared.*

Each employee should sign a separate form for each stamp that is issued. For example, in a three-dentist practice, the employee would be required to sign three separate forms, one for each dentist.

Closing remarks

We recommend you check with your local dental association or regulatory body before implementing these guidelines - as they may already have established practices in place. If you have any questions or concerns, please do not hesitate to contact us for further assistance.



Office Verification Stamp Receipt and Acknowledgement

Our practice has issued you an Office Verification Stamp (“Stamp”) for Dr. _____ (“Dentist”) so you can perform certifying duties in relation to paper based dental claim and predetermination forms

You acknowledge that by signing this document, that:

1. You acknowledge it is your responsibility to protect and secure the Stamp when it is not in use by securing it in your desk or out-of-sight.
2. You further acknowledge that the Stamp is to be used only when:
 - a. providing office verification of the treatment provided by the Dentist (or by a hygienist or auxiliary instructed by the dentist to render treatment.)
 - b. Providing office verification on bona fide dental pre-determinations

I agree to use the Stamp for the sole purpose of my certifying duties as instructed by the dentist in the performance of my principal functions. I also understand my responsibilities in protecting and securing the Dentist’s Office Verification Stamp according to the office policy.

Signed _____

Print Name: _____

Date: _____