



FACULTY MEMBER ATTESTATION OF CU MEDICINE BILLING AND DOCUMENTATION GUIDELINES

I, the undersigned faculty member, by signing this document, acknowledge the Billing and Documentation Guideline as set forth by CU Medicine.

I understand that as a provider, I will have the ability to review an electronic report at regular intervals. I may respond either to affirm or request a change in my billing.

I understand that I am attesting to all claims submitted on my behalf pursuant to the above stated guideline and I am in compliance with the following certification statement for each claim:

I certify that: (1) all services on this form were personally provided and/or personally supervised by me and hereby approved for billing; (2) I understand the medical record must be documented for these services; and (3) the rendering of the services and documentation in the medical record are in accordance with CU Medicine Guidelines.

I acknowledge and understand all professional services documented in an electronic environment are completed under my own secure password protected sign in/signature. My electronic signature indicates that I accept and approve documentation and billing data within my encounter.

Faculty Member Name:

(Please Print)

Department:

Signature:

Date:

This document must maintain fluidity due to changes in the regulatory requirements. As such, provisional revisions may be necessary. Major changes to the compliance documents are required to have CU Medicine Board of Director approval, facilitated by the CU Medicine Finance Audit Committee. Approved 11/15/2012.

Please return to CU Medicine ACE Box A-070