



precision medical billing

AUDIT DISCLAIMER

Precision Medical Billing will be conducting a billing audit for **name** from the dates of **date** through **date**. If there are any claims that are to be omitted from this report, please let Precision Medical Billing know now, before the forth coming audit report by indicating the patient's names and episodes below. Any claims listed on the audit report will be counted towards the audit for **name**. **name** may choose to bill these claims or they may opt for Precision Medical Billing to bill the claims on the audit report. Either way, let it be known, that all claims on the audit report **that are billed and reimbursed** will go towards compensation to Precision Medical Billing for the audit and will be subject to the terms of the contractual Auditing Service Agreement signed by **name**. Compensation is based on the **TOTAL** claim amount and is not separated by the rap and the final.

Patient Name

Episode Date

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Printed Name and Title

Date

Authorized Signature