



## Audit Request Form

/ /20

Date of Request

Name of Requestor

### Audit Information

<b>Provider/Staff Name Being Audited</b>	
<b>Audit Type</b>	<input type="checkbox"/> Office Visit <input type="checkbox"/> Annual Physical <input type="checkbox"/> Annual Wellness Visits <input type="checkbox"/> In-Office Procedures <input type="checkbox"/> Surgical <input type="checkbox"/> Other: _____
<b>Review Type</b>	<input type="checkbox"/> ICD-10 Coding <input type="checkbox"/> CPT/HCPCS Coding <input type="checkbox"/> Risk Adjustment Coding <input type="checkbox"/> Modifiers <input type="checkbox"/> Drug Units/NDC <input type="checkbox"/> Other: _____
<b>Number of Charts</b>	
<b>Education Required</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Charts Will Be Pulled By</b>	<input type="checkbox"/> Client <input type="checkbox"/> Reliant Revenue
<b>How Will the Charts Be Accessed?</b>	<input type="checkbox"/> EMR Access <input type="checkbox"/> Queue Access <input type="checkbox"/> Shared Drive <input type="checkbox"/> Email
<b>Additional Information</b>	