

## BILLING CHECKLIST

Provider:		Provider #:	
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Date of Audit:	
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Person Interviewed: (Name and Title)	
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Who does the billing for this provider?	
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At what location is billing done?	
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Who instructs the biller on billing procedures? What education/experience do they have? (Name and Title)	
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Is biller acting under the authority of the owner or provider? (If "yes" please indicate name and title.)	
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What documentation is used to create the claim (timesheet, spreadsheet, etc.)?

What is done with the documentation after submitting the claims to MHD for payment?

Who reviews the remittance advice from MHD?	
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Where are original records physically stored?

If you submit claims electronically through eMOMED, who has access to the provider's password?

MISC: \_\_\_\_\_  
\_\_\_\_\_

PROVIDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

REVIEWER SIGNATURE \_\_\_\_\_