

Your Organization Name

CORPORATE COMPLIANCE
(Audit Report)(Executive Summary)

Your Organization **(CLINIC/FACILITY)**
(Audit Title)

(Date this report completed)
(Name)
(Title)

BACKGROUND: (define risks along with regulatory information)

OBJECTIVE AND SCOPE: (define outcome, what information is being audited)

SAMPLE METHODOLOGY: (sample size, date range, payer types, source of data reviewed, etc.)

AUDIT SUMMARY AND FINDINGS: (When template used for Executive Summary, if multiple sites were reviewed, do not include those in the body of this report. Attach the table of individual site results separately. If results are a few lines, may include in body).

RECOMMENDATIONS/INCIDENTAL FINDINGS:

CORRECTIVE ACTION: (Required, including specific action steps, responsible parties and due dates)

RESOURCES: (links to NCD/LCD and other referenced guidance documents etc.)