CAPITAL
ANESTHESIA BILLING SERVICES

Thank you for contributing to Capital Anesthesia Billing Services (CABS) Compliance Program. Your participation in our Compliance Program will help enable us to continue our on-going efforts to refine and improve CABS operations and client services. Please provide some background information below so we may review your concern. You will need to mail this form in once complete. Please attach any other pertinent documentation for review.

Submission ID: _____

(To be filled out by Compliance Department)

☐ Not group specific

☐ Multiple Groups Group Name: _____

Date of Discovery: MM / DD / YY Was this incident reported by the client?: Y/N/?

Have you reported, or previously discussed, this incident with your direct supervisor? Y/N/?

What is the functional area of our business operation affected by this issue?

☐ Hospital Demographics
☐ Data Entry
☐ Payment Posting
☐ Operations Management
☐ Insurance Carrier(s)
☐ Coding
☐ Satellite/ Charge Collection
☐ EDI
☐ Refunds
☐ Practice Management
☐ Multiple – Explain in report detail
☐ Patient EMR or EHR Documentation
☐ AR Collections
☐ Call Center Operations
☐ Provider Enrollment
☐ Other – Unlisted

Do you have documents you would like to attach to this report? Y/N/?

Can you provide specific case number examples? _____ _____

_____ _____

Please provide details about your concern below. Be as detailed as possible.

_____

_____

_____

_____

Contact Information: You may submit an anonymous report and remain anonymous.

Name: _____

Phone: _____

Email: _____

Please mail to:

ATTN: COMPLIANCE DEPARTMENT • 200 Providence Road Suite 101 • Charlotte, NC • 28207