

Remote Clinical Documentation Improvement Program™ Participation and Fax Validation form

Complete and fax this form to confirm your current information.

Tax ID#: _____

Practice name: _____

Primary mailing address: _____

General office email address: _____

Fax number: _____

Providers affiliated with your practice (full name):

Remote CDI Program contact for your office:

Name: _____

Phone: _____

Note: To receive credit toward program incentives, return the completed CDI Alerts with the office visit notes.

Your signature confirms that the information above is correct and that you're willing to accept faxes containing PHI from Advantasure related to the Remote CDI Program:

Signature: _____

Date: _____

Fax this completed form to 1-844-576-2527.

If you have any questions, contact Blue Cross provider clinical consultants, Tom Rybarczyk at 313-378-8259 or senior analyst, Denise McMillian at 313-407-7529.

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