

Laboratory Repayment Project Information Form
All information is to be Completed by Project Owner

Entity Location Details	
Initiation date	Click here to enter a date.
Entity Name	Enter MBO Name
Hospital/Location(s) and City, State	Enter Hospital Name and Locations (as applicable) and City, State
Entity Project Owner	Enter Name here
Entity Laboratory Director Name	Enter Name here
Entity Laboratory Department Administrative Executive (VP)	Enter Name here
Entity CRO Name	Enter Name here

Project Details	
What billing discrepancy was identified at the entity? Include details test name, billing identification number, HCPCS code.	
Describe the issue that was identified here.	
How was the Issue Identified?	
Explain how the issue was identified here	
What caused the Issue?	
Explain what caused the billing discrepancy here	
Was the Issue corrected?	Choose an item.
If Yes, When was the Issue corrected?	Click here to enter a date.
How was the issue corrected?	
Explain how the issue was corrected here	
If known, when did the issue start?	Explain the length of time

Project Logistics Determined During Legal Consult	
What is the lookback period (i.e., Time Period) for the repayment analyses?	
Provide the lookback start and end dates	
What payers will be Included in repayment analyses? Normaly Medicare, Medicaid and their managed care plans.	
Provide the payers to be included in the analyses	
Name of attorney directing repayment	Enter Name here
Will the project be performed under the Attorney Client Privilege (ACP)?	Choose an item.
Will CHAN be requested to perform the project	Choose an item.

Laboratory Repayment Project Finalization Information	
Date data analysis accepted by directing attorney	Click here to enter a date.
Date directing attorney provided templates and direction for entity repayment.	Click here to enter a date.
Date reimbursement was made to payer/s. Must be less than 60 days from attorney acceptance date.	Click here to enter a date.
Date CRO entered incident into EthicsPoint	Click here to enter a date.
Return copy of this completed form to attorney director, entity CRO and Director of Laboratory Compliance .	

Laboratory Repayment Project Information Form
All information is to be Completed by Project Owner