**Request for Continuing Education Credit**

*Denials Avoidance & Appeals Management Institute*

**Please check the appropriate box:**

❑Physician ❑ Coding Professional ❑ Compliance Professional ❑ Physician Assistant ❑ Quality Assurance Professional ❑ Case Manager/Utilization Review

❑ Nurse/Nurse Practitioner ❑ Health Information Manager ❑ Other: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Credit Requesting:**

❑ ANCC (Continuing Nursing Education credit)

❑ CCMC (The Commission for Case Manager Certification)

❑ CDI-CB

**Please print the following information clearly:**

Name Credentials

Home Address City State Zip

Daytime Phone Fax Number

Business Affiliation E-mail Address

**Please initial each session you completed.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **INITIAL** |  | **INITIAL** |
| *Overview Of The Revenue Cycle* |  | *Denials & Appeals Management* |  |
| *How Health Care Gets Paid* |  | *The Appeal Process*  |  |
| *Denials (Part 1)*  |  | *A Five Step Strategy To Writing Effective Clinical Appeal Letters* |  |
| *Denials (Part 2)* |  |  |  |
| *The Right Setting At The Right Time – Inpatient Verses Outpatient* |  |  |  |

Please return this completed form at the end of the program in order to receive continuing education credits to mstokes@docucompllc.com.