



Policy & Procedure

COMPLIANCE PROGRAM PREFACE

FUNCTION

Compliance Program Policy and Procedure

NUMBER

1.0

PRIOR ISSUE

N/A

EFFECTIVE DATE

1/1/2015

PREFACE

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Ambulance Billing Companies, in their claim preparation role for providers, have a commitment to submit claims for payment that are submitted appropriately and are supported by clear, concise and accurate documentation. Sharp Ambulance Billing maintains a compliance program and has compliance policies to guide its employees with respect to standards of conduct expected in areas where improper activities could result in serious adverse consequences.

A part of this commitment is to maintain compliance with the Anti-Kickback Statute (42 U.S.C § 1320a-7b), the False Claims Act (31 U.S. Code § 3729), and privacy standards contained within the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations. The following is a general overview:

False Claims Act Summary

- a. Whoever knowingly presents or causes to be presented a false or fraudulent claim for payment or approval, or
- b. Knowingly makes, uses or causes to be made a false record or statement to get a false or

Anti-Kickback Statute Summary

- a. Prohibits any solicitation or receipt of any remuneration, directly or indirectly, in cash or in kind, in return for referrals of services reimbursable by any Federal health care programs.
- b. Applies to both sides of an impermissible transaction or arrangement

Health Insurance Portability and Accountability Act of 1996 (HIPAA) Summary

The HIPAA regulations govern the use and disclosure of Protected Health Information (PHI). In general, a Covered Entity may use PHI for purposes of treatment, payment, and health care operations. It may disclose PHI: With the individual's authorization; to another healthcare provider for treatment and payment purposes with the individual's authorization; and in certain other circumstances described by the regulations.

The rest of this document outlines the Policies and Procedures that Sharp Ambulance Billing has put into place to ensure that we conduct ourselves and our operations in accordance with the law and that all claims for payment are submitted appropriately and supported by clear, concise and accurate documentation.



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PURPOSE

To describe the code of conduct for Sharp Ambulance Billing

POLICY

Sharp Ambulance Billing has a commitment to ethical, honest and responsible conduct and full compliance with all federal and state laws, regulations and reimbursement requirements. All claims submitted for payment must have proper provider documentation to support them. Patient confidentiality and Health Insurance Portability Act of (HIPAA) compliance are at an utmost.

False Claims Act/Anti-Kickback Statute

No Sharp Ambulance Billing employee shall knowingly participate in the filing of false claims in violation of the False Claims Act (31 U.S. Code § 3729). No Sharp Ambulance Billing employee shall receive any type of remuneration (direct or indirect) for referrals of services and must adhere to the Anti-Kickback Statute (42 U.S.C § 1320a-7b).

Patient Confidentiality

Breaches of confidentiality are a serious matter. Sharp Ambulance Billing follows the HIPAA policy as outlined in the HIPAA/Privacy Policies Guideline v1.0.

Reporting

Sharp Ambulance Billing employees must be vigilant when a co-worker's work, in any setting, appears to be in violation of Sharp Ambulance Billing policy and procedures. In a situation where someone suspects another's actions to be in violation, it is the obligation of the employee to take action. Incidents can be reported anonymously if desired and all incidents will be reviewed and investigated.

Violations of HIPAA, the False Claims Act, the Anti-Kickback Statute or theft or misuse of data will result in disciplinary action being taken. No employee shall knowingly misuse any information or allow others to do so.

PROCEDURE

Not Applicable – see code of conduct statement above



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COMPLIANCE PROGRAM COMPLIANCE STANDARDS

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PURPOSE

To define specific compliance standards pertaining to coding and claims.

POLICY

Sharp Ambulance Billing employees are to code and prepare claims based upon the documented information from the provider. Any questions, clarifications and identified claim deficiencies are to be returned to the provider for additional information.

Claims will be prepared and coded in accordance with federal and state regulations.

PROCEDURE

1. Medical Necessity Requirements

Medical necessity and reasonableness must be met in order to submit an ambulance transport claim for billing. If coding staff determines that medical necessity is not met, the claim is to be returned to the provider for additional information and clarification prior to billing. The claim will be billed as medically necessary only if additional documentation is provided.

2. Call Intake and Dispatch

As a claims preparer, Sharp Ambulance Billing does not conduct call intake or dispatch transports. However, if any Sharp Ambulance employee notices any possible issues reflected in the transport documentation they will report the issue to the provider and return the claim if needed for additional documentation.

3. Repetitive Ambulance Transports

A repetitive ambulance transport is defined as a medically necessary ambulance transport that is furnished three or more times during a ten day period or at least once per week for at least three weeks. All documentation for repetitive transports must be complete in full in order to bill. If there is any incomplete or missing information the transport is to be returned to the provider for additional information.



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4. Proper Coding and Claim Submission

All claims will be coded by individuals holding the Certified Ambulance Coder certification specialization. Any claims that do not have the appropriate supporting documentation will be returned to the Provider.

5. Documentation

Appropriate documentation is required for every claim and copies of the documentation will be accepted (ex. scans, faxes). Verbal claims and/or verbal adjustments to claims will not be accepted. "Assumption" coding and "Assumption" billing are not permitted. If the documentation is in question or if additional information is needed the claim will be returned to the provider.

6. Claim Review Post Coding

Claims will be reviewed after coding is complete a final time prior to claim submission.

7. Discounts/Financial Hardship

Sharp Ambulance Billing team members must follow individual provider guidelines for discounts, payment plans and financial hardship.

8. Credit Balances/Overpayments

When an overpayment or credit balance has been identified by Sharp Ambulance Billing staff, the provider is to be notified. The refund will be recommended to be made within state law and the patient account will be updated as appropriate. It is the responsibility of the provider to issue the payment to the appropriate entity.

9. HIPAA

All data is to be handled in accordance with HIPAA as outlined in the Sharp Ambulance Billing HIPAA Privacy Policies and Procedures. Sharp Ambulance Billing has a Certified Ambulance Privacy Officer on staff who is available to address any privacy questions or concerns.



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COMPLIANCE PROGRAM COMPLIANCE OFFICER AND COMMITTEE MEMBERS

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PURPOSE

The purpose of this policy is to identify the role and the structure of the compliance program within the Sharp Ambulance Billing organization.

POLICY

Sharp Ambulance Billing shall maintain a compliance program composed of a designated Compliance Officer who reports directly to Sharp Ambulance Billing senior management and the Compliance Committee. The Compliance Officer has the authority to implement and monitor a compliance program for the entire Sharp Ambulance Billing organization.

PROCEDURE

1. Sharp Ambulance Billing shall appoint a Compliance Officer. This officer will report directly to the Sharp Ambulance Billing CEO and is charged with maintaining all policies and procedures with regard to compliance. The Compliance Officer will develop and oversee all components of the compliance program; including operating and monitor the day to day program, developing and providing training as well as revising and expanding the compliance program as needed.
2. Sharp Ambulance Billing's compliance committed shall be comprised of:
 - a. All executive level staff (VP or higher)
 - b. Sharp Ambulance Billing Privacy Officer
 - c. Sharp Ambulance Billing Compliance Officer
3. The Compliance Committee shall meet formally on a quarterly basis. The Compliance Officer can initiate a meeting outside of this time frame upon his/her discretion as needed.
4. The Compliance Officer shall chair the meetings and the compliance program. He/She is responsible to report any deficiencies to the committee.



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COMPLIANCE PROGRAM EDUCATION AND TRAINING

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PURPOSE

The purpose of this policy is to provide guidelines for the education and training of employees

POLICY

It is the policy of Sharp Ambulance Billing to conduct compliance trainings for new employees as well as to provide continuing compliance education on an annual basis.

PROCEDURE

New Hires

The Sharp Ambulance Billing Compliance Officer will conduct initial training with all new employees. This training is to be geared to their particular job function. At the end of the training all new employees will:

- a. Be able to explain the basic concepts and underlying purpose of the compliance plan
- b. Outline the Code of Conduct and acknowledge the receipt of the Code of Conduct
- c. Explain the reporting obligations of employees

Specific job functions will receive additional in-depth training. All coding staff will have the Certified Ambulance Coder certification from the National Academy of Ambulance Coding.

Continuing Education for Employees

After the initial training is complete, all employees will have a compliance training on an annual basis.

Employees who hold the Certified Ambulance Coding Certifications will need to maintain those certifications in addition to completing annual compliance training.

Remedial Training

Remedial training is available upon request for an employee at any time.



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COMPLIANCE PROGRAM COMPLIANCE MISTAKES AND MISCONDUCT RESPONSE

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PURPOSE

To define what is “misconduct” versus a “mistake” and determine disciplinary standards and corrective action plans.

POLICY

When compliance violations occur, either intentionally or through negligence, corrective action will be initiated. Compliance violations are categorized as either mistakes or as misconduct.

Sharp Ambulance Billing defines a “mistake” as an action where an individual is:

1. Unaware of or misunderstood rules or direction.
2. Unlikely to repeat the behavior after education.

Sharp Ambulance Billing defines “misconduct” as:

1. Purposefully disobeying direction or rules
2. Falsification, fabrication, concealment
3. Likely to repeat the behavior

For mistakes, Sharp Ambulance Billing practices progressive discipline and begins with the least serious disciplinary action and progresses to increasingly serious or severe action as needed.

For misconduct, any identified misconduct will result in immediate termination of employment.

PROCEDURE

1. There are a number of corrective actions available after a compliance violation. They include:
 - a. Counseling
 - b. Remedial Training
 - c. Warning/Reprimand
 - d. Probation
 - e. Suspension
 - f. Demotion
 - g. Discharge



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- If an infraction occurs, the appropriate corrective action will be put in place in accordance with the Sharp Ambulance Billing Progressive Discipline Plan. The items listed in this plan are not comprehensive list of all offenses. If an offense takes place that is not on the plan, the Compliance Officer and supervisor will inform the employee of the progressive discipline plan for the offense upon the first occurrence.



Sharp Ambulance Billing Progressive Discipline Plan

note: nothing in the progressive discipline plan creates an employee contract. All employees are at-will employees

Type of Offense	First Offense	Second Offense	Third Offense	Fourth Offense	Fifth Offense
1 Improper Billing due to mistake	Counseling	Remedial Training	Warning	Probation	Discharge
2 Falsifying claim information	Discharge				
3 Intentionally upcoding claims	Discharge				
4 Supervisor failing to report compliance concerns to the CACO	Counseling	Warning	Probation	Demotion	
5 Improper Billing due to misconduct	Discharge				
6 Compliance violation due to misconduct	Discharge				
7 Compliance violation due to mistake	Appropriate corrective action plan will be put into place for the offense				



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3. Upon an infraction, the Compliance Officer will provide the employee with a disciplinary report.



SHARP AMBULANCE BILLING DISCIPLINARY REPORT

Employee:
Department:
Supervisor:

Incident:
Date:
Witnesses:

Description of Incident:

Disciplinary Actions:

Employee Date

Compliance Officer Date

Copies to: Employee / Employee File / Supervisor

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COMPLIANCE PROGRAM COMPLIANCE PROGRAM COMMUNICATION

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PURPOSE

To ensure that communication regarding the compliance program occurs throughout the organization and that all employees are able to report and communicate any concerns that they may have

POLICY

Open and honest communication between all employees is a key component to the Sharp Ambulance Billing compliance program. All complaints are reviewed and investigated. No complaint is too small or insignificant and any and all personnel can make complaints.

PROCEDURE

1. Anonymity

Anonymity will be maintained surrounding a reported issue whenever possible.

2. Retaliation

Retaliation against an employee for reporting an issue is not permitted.

3. Employee Compliance Communication Channels

a. Email

Sharp Ambulance Billing has an implemented compliance email address compliance@sharpab.com. Emails are forwarded to the compliance officer and all members of the compliance committee. There is no requirement to use a personal or business email address. If anonymity is desired, a person can create an anonymous email account and submit his/her concern.

b. In Person/Phone

Sharp Ambulance Billing encourages direct communication with management and employees and has an "open door" policy for employees at any level to speak with management. Employees can request a private meeting with the compliance officer or with any supervisor at any time. There is no prerequisite to speak with their assigned supervisor first.

c. Exit Interviews

All employees who separate employment with Sharp Ambulance Billing will be given an exit interview. This interview will include a written portion where the



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employee can indicate what should be improved, changed or remain the same as well as review of compliance related issues. Exit interview questionnaire:



SHARP AMBULANCE BILLING EXIT QUESTIONNAIRE

1. Why are you leaving Sharp Ambulance Billing?
2. How did the job match your expectations?
3. What did you like most about your job?
4. What did you dislike about your job? What would you change about your job?
5. Do you feel you had the resources and support necessary to accomplish your job? If not, what was missing?
6. Do you have any ethical, moral or compliance concerns in regards to your job, Sharp Ambulance Billing or any of its employees? If you have concerns, please explain.
7. Can you offer any other comments that will enable us to understand why you are leaving, how we can improve, and what we can do to become a better company?

Name:

Signature:

Date:



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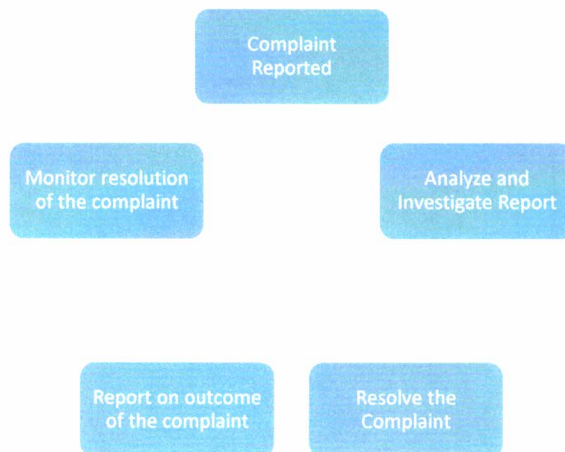
N/A

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4. Complaint Handling process

Once a complaint is reported, that complaint is to be reported to the Compliance Officer. The incident is then analyzed and investigated and resolved with corrective action recommendations. The compliance officer is to report on the outcome of incidents to the Compliance Committee and is to monitor the resolution of the issue.





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5. Investigative Report for Complaints



SHARP AMBULANCE BILLING INVESTIGATIVE REPORT

Date Allegations Reported:

Summary of Allegations:

Investigation Approach:

Evidence Reviewed:

Findings:

Recommendations:



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COMPLIANCE PROGRAM AUDITING, MONITORING AND ENFORCEMENT

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PURPOSE

To define the plan for auditing, monitoring and enforcing the compliance program.

POLICY

Sharp Ambulance Billing will conduct audits to monitor and ensure compliance as well as make continual improvements based on the results.

PROCEDURE

1. Sharp Ambulance Billing shall conduct monthly internal self-audits. The self-audit shall be completed by the Compliance Officer and may be comprised of pre-billed claims, submitted claims or denied claims.

2. Documentation to be reviewed during the audit includes: Crew Documentation, Billing, Coding, Eligibility of Sharp Ambulance Billing Employees, Call Intake and Dispatch, Transport Documentation.

3. The audit focus may shift month to month (ex. one month the focus may be on emergent runs, the next on Specialty Care Transports). However, the transports selected in each month for audit will be selected randomly and will include a minimum of 10 transports.

4. Sharp Ambulance Billing will track all results of the internal claim review.

5. Any claim deficiencies found will be corrected. Remedial actions will be taken as necessary with the appropriate individuals based upon the result of the internal review.

6. The Compliance Officer will also track overall compliance performance with the following metrics:

a. Denied Claims Ratio: Total Number Claims with a Denial / Total Claims Remitted

b. Billing Error Rate: Total \$ Overpaid/Total \$ Paid



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c. Non-Covered Services: Transports billed with GY, GA or GZ modifiers/Total Transports

d. Level of Service Mix: Total Transports at one level of service/Total Transports

7. The Compliance Officer will review the individual findings as well as review the overall results. Areas for compliance program improvement will be identified and the Compliance Officer will make needed adjustments to the Sharp Ambulance Billing compliance program. The Compliance Officer will share the results of the audits with the Compliance Committee on a minimum of a quarterly basis

8. Claim review tracking spreadsheet to be used for claim reviews sample follows



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[illegible]



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COMPLIANCE PROGRAM CONTRACTS AND PRICING

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PURPOSE

To describe Sharp Ambulance Billing's policy of contracting compliance and the pricing of ambulance transports.

POLICY

Sharp Ambulance Billing does not set transport prices for the provider and does not enter into contracts with facilities or municipalities on the behalf of the provider.

Contracts with providers for billing services will be executed on a percentage basis with a third party providing the coding services at a fixed price.

PROCEDURE

1. During account implementation and setup with Sharp Ambulance Billing, Sharp Ambulance Billing will request the rates and fee structures to be used with the pricing of transports. Sharp Ambulance Billing will consider these prices active until the provider notifies Sharp Ambulance Billing of a new pricing structure.

2. Sharp Ambulance Billing contracts with providers

Sharp Ambulance Billing provides services to providers for a percentage of revenue. There is a compliance concern that percentage arrangements may provide improper incentives to increase reimbursement and increase the Sharp Ambulance Billing fee. To address this concern, Sharp Ambulance Billing outsources the coding of transports to a third party organization, The Coding Network, at a fixed price. This arrangement eliminates the percentage arrangements from the coding portion of the claim.

a. If there are any contract changes or amendments with the third party coding organization, the Compliance Officer is to review the contract in advance and approve it before signing.

3. Provider contracts with facilities or municipal contracts

Sharp Ambulance Billing is not involved with the creation of contracts with facilities or municipal contracts.



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COMPLIANCE PROGRAM PROVIDER COMPLIANCE VIOLATIONS

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PURPOSE

To ensure there are appropriate policies in place if a Sharp Ambulance Billing employee detects suspected provider compliance issues or has credible evidence of provider misconduct.

POLICY

It is the policy of Sharp Ambulance Billing to notify provider senior management if there are any suspected provider compliance issues or misconduct. Sharp Ambulance Billing will not prepare and submit claims for the impacted transports in question. If the provider does not respond to the concerns or resolve them appropriately, Sharp Ambulance Billing will terminate its contract with the provider and notify the appropriate Federal and State authorities.

PROCEDURE

1. When a concern arises regarding a possible provider compliance violation, the Sharp Ambulance Billing Compliance Officer shall begin an investigation promptly.
2. If, at the conclusion of the investigation, it is found that there is a potential violation, the senior management of the provider will be notified in writing within 30 days.
3. All impacted claims will be held and not submitted for reimbursement.
4. The provider must address the receipt of the concerns as well as advise Sharp Ambulance Billing the outcome of the investigation.
 - a. If the investigation reveals a compliance violation, Sharp Ambulance Billing will work with the provider to provide a listing of impacted claims. The provider will advise Sharp Ambulance Billing on the steps taken to resolve the compliance violation as well as what measures have been put in place to prevent it from occurring in the future.
 - b. If the investigation does not reveal a compliance violation, the provider will provide details in regards to the results of the investigation
5. If the provider does not address the compliance concerns within 60 days after the initial notification, Sharp Ambulance Billing will terminate its contract with the provider and notify the appropriate Federal and State authorities.



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COMPLIANCE PROGRAM EXCLUDED INDIVIDUALS

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PURPOSE

The purpose of this policy is to indicate the monitoring of Office of Inspector General (OIG) excluded entities/individuals from federally funded healthcare programs.

POLICY

In accordance with the OIG, Sharp Ambulance Billing will not hire employees who are excluded from federally funded healthcare programs. Additionally, all employees will

PROCEDURE

1. New Employee, New Contractor Screening

When Sharp Ambulance Billing hires new employees or contractors they will be vetted against the OIG exclusions database before they begin work. This is a requirement of employment with Sharp Ambulance Billing.

2. Rechecking of contractors and employees

Sharp Ambulance Billing shall check exclusion status on a monthly basis.

3. Employees added to the exclusion list while employed with Sharp Ambulance Billing

If an employee or contractor becomes included on the exclusion list while employed, they are to be placed on administrative leave and be removed from all system access. The following actions are to take place:

- a. The case is to be referred to the Compliance Officer immediately
- b. The Compliance Officer will work with the appropriate staff members to identify all claims that the impacted individual was involved with preparing during the exclusion period
- c. The Compliance Officer will contact all impacted providers and provide a listing of claims that the excluded individual worked on.

4. Provider Employee Screening

Sharp Ambulance Billing does not screen provider employees against the OIG exclusions database (ex. Paramedics, EMTs). If a provider notifies Sharp Ambulance Billing that there is an employee who is on the excluded list Sharp Ambulance Billing will work with the provider to compile a list of claims during the impacted time frame.



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I acknowledge receipt and understanding of the Sharp Ambulance Billing Policy and Procedure for the Compliance Program document, and agree to abide by the policies and procedures contained within the document.

Employee Signature

Date

Employee Name