



BrightLife
Enhancement Services
Holistic approach to healthcare

Quarterly Billing Audit

1. The date of the audit

Click here to enter a date.

2. Quarter reviewed (Ex. 2nd qtr, FY xx)

Click here to enter text.

3. Name of auditor

Click here to enter text.

4. Name or ID # of client file reviewed

Click here to enter text.

5. Practitioner/Staff providing service

Click here to enter text.

6. Date of billing transaction

Click here to enter a date.

7. Did the date of service coincide with the billed episode of care?

- True
 False

8. Did the code billed accurately reflect the service delivered?

- True
 False

9. Was the service provided related to goals and/or objectives in the treatment plan?

- Yes
 No

10. Is there any evidence that the transaction was miscoded, upcoded or duplicated?

- Yes
 No

11. Date of billing transaction

Click here to enter a date.

12. Did the date of service coincide with the billed episode of care?

- True
 False



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13. **Did the code billed accurately reflect the service delivered?**
 True
 False
14. **Was the service provided related to goals and/or objectives in the treatment plan?**
 Yes
 No
15. **Is there any evidence that the transaction was miscoded, upcoded or duplicated?**
 Yes
 No
16. **Date of billing transaction**
[Click here to enter a date.](#)
17. **Did the date of service coincide with the billed episode of care?**
 True
 False
18. **Did the code billed accurately reflect the service delivered?**
 True
 False
19. **Was the service provided related to goals and/or objectives in the treatment plan?**
 Yes
 No
20. **Is there any evidence that the transaction was miscoded, upcoded or duplicated?**
 Yes
 No
21. **Date of billing transaction**
[Click here to enter a date.](#)
22. **Did the date of service coincide with the billed episode of care?**
 True
 False
23. **Did the code billed accurately reflect the service delivered?**
 True
 False



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24. Was the service provided related to goals and/or objectives in the treatment plan?

Yes

No

25. Is there any evidence that the transaction was miscoded, upcoded or duplicated?

Yes

No

26. Does the auditor have any comments related to this case audit? Suggestions for process improvement?

[Click here to enter text.](#)

27. Will this audit be forwarded to the Corporate Compliance Officer for possible investigation?

Yes

No

28. E signature of auditor -- type in name.