



THE UNIVERSITY OF  
**CHICAGO**  
 Medical Center Compliance

# COMPLIANCE CHAMPION of the Month Nomination

I would like to nominate....

Employee Name: _____	
Clinic/Department: _____	
Name of Employee's Manager	Phone/Pager

...because he/she demonstrated leadership, integrity, and initiative by making a good catch, taking a stand, or seeking clarification regarding a billing, coding, and documentation matter in the following way(s):

**(PLEASE DO NOT INCLUDE PATIENT SPECIFIC INFORMATION)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

.....  
 Date Submitted: \_\_\_\_\_

Your Name: \_\_\_\_\_ Phone/Pager: \_\_\_\_\_

Your Manager's Name \_\_\_\_\_ Phone/Pager \_\_\_\_\_

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**\* ONLY MANAGERS OF SELECTED INDIVIDUALS WILL BE CONTACTED TO SCHEDULE THE AWARD PRESENTATION \***

**PLACE COMPLETED FORMS IN THE BALLOT BOXES LOCATED IN THE MAIN HALLWAY OUTSIDE THE COMPLIANCE OFFICE (S-08) OR OUTSIDE THE HIPAA PROGRAM OFFICE (L-147), OR FAX TO 4-3898 (COMPLIANCE) OR 2-6278 (HIPAA).**

