



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 (COMPLIANCE) OR 2-6278 (HIPAA).

