**Billing Audit Detail**

**Agency Name: Review Date:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sample #** | **RH Access Fund #** | **Chart notes match remittance advice (RA)?** | | |
| **Yes** | **No** | **If no, details** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

**Enrollment Form Review Detail**

|  |  |  |
| --- | --- | --- |
| **Sample #** | **RH Access Fund #** | **Results** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |