- SAMPLE LETTER -

For physicians who work in a private practice setting

Letter Must be Typed on Appropriate Letterhead

Date							
	Board of Echocardiography day Drive, Suite 102 NC 27607	, Inc.					
I	Physician's Full Name Physician's Date of Birth Physician's Social Security	Number					
To Whom	It May Concern:						
	serves to confirm that Dr. he) has performed and				st in private practice	e. Our records indicate that	
Transthor	ocio (02303 02308) *	2014 ####	2015 ####	2016 ####			
Transthoracic (93303-93308) * Transesophageal (93312-93317)*		####	####	####			
Stress Echo (93350)*		#### ####	#### ####	#### ####			
Suess Echo (93330)		пппп	тттт	ππππ			
☐ I certif (Please ch	fy that the number of studienteck box.)	es provided	above are e	xact numbers and a	re not rounded and/	or estimates.	
Sincerely,							
							\
(signature)							- /
Name						/	1
Title (Pres	sident, CEO, or Business M	lanager)				Notary Seal	
Sworn and	d subscribed to before me o	on (<i>date</i>): _			_		/
Signature	of Notary Public				_		

*NOTE: For the purpose of Certification, a study performed and/or interpreted may be counted only once and must be counted under the code that it was billed. Example: Even though a full TTE is performed as part of a Stress Echo with only a single bill being submitted (93350), the study must be counted as a Stress Echo and cannot be counted as both a TTE and a Stress.

The EXACT number of studies performed and interpreted must be provided. Applications containing approximated and/or rounded numbers will NOT be reviewed by the Certification Committee. Letters documenting level of service MUST be on appropriate letterhead and MUST BE NOTARIZED. Committee decisions will be determined using the numbers provided in this letter.

Note: The numbers provided must be in parallel, consecutive years, but need not be calendar years. If documenting fiscal years, exact dates are required. For Example: MM/DD/YY-MM/DD/YY. The end of the most recent year for which credit is requested must fall within the 12-months prior to receipt of the complete application.