- SAMPLE LETTER -

For physicians who work in a hospital setting

Letter Must be Typed on Appropriate Letterhead

Date					
National Board of Echocardiograpl 3915 Beryl Rd. Suite 130 Raleigh, NC 27607-5609	ny, Inc.				
RE: Applicant's Full Name Applicant's Date of Birth					
To Whom It May Concern:					
This letter serves to confirm that D records indicate that(he/she)					Echocardiography Lab. Our
Transthoracic (93303-93308) * Transesophageal (93312-93317)* Stress Echo (93350-93351)*	2022 #### #### ####	2023 #### #### ####	2024 #### #### ####		
☐ I certify that the number of stud (Please check box.)	lies provided	above are ex	xact numbers and are no	ot rounded and/or es	stimates.
Sincerely,					
(Original signature required) Typed name Title (President, CEO, or Business Sworn and subscribed to before me					Notary Seal
	——————————————————————————————————————				
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 (93350-93351), the study must be counted as a Stress Echo and cannot be counted as both a TTE and a Stress.

The EXACT number of cases 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/YYYY-MM/DD/YYYY. 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.