

Certification in Denials Avoidance & Appeals Management Continuing Education Form

Date		DocuComp LLC ID Number
First Name		Last Name
Job Title		Company
Home Address		Work Address
City	State ZIP _	City State ZIP
Home Phone ()		Work Phone ()
E-mail Address		
	<u>CE</u>	<u>Us for Submission</u>
Program Date	Program Title	Sponsoring Organization CEU Hours
Please mail this form	and copies of all do	cumentation supporting recertification to: DocuComp
LLC Healthcare, P.O. E	Box 10530 Jackson Miss	sissippi 39 <mark>289. Forms may also be faxed to 769-208-8613</mark>
Questions? Feel free to contact DocuComp LLC with any questions at CustomerService@docucompllc.comor		
740-968-0472. The recertification fee is \$150.00.		