

CBU Billing Refresher Satellite Training

Acknowledgement Form

I, _____, (employee's full name) hereby confirm that I have viewed the information presented in the CBU Billing Refresher Satellite Training video. In addition, I understand that it is the responsibility of the clinician to use his or her discretion to document and bill for appropriate services rendered. I also understand that it is the responsibility of the clerical staff to ensure charges are entered correctly before submitting for billing.

Print Employee Name

Employee Signature

Date

District

County

Direct Supervisor

The original, signed copy of the acknowledgement form should be sent via handmail to the address below. Remember to keep a copy for your records.

**Send via handmail to:
Alabama Department of Public Health
RSA Tower, Suite 1600
Centralized Billing Unit**