Dr.

For appropriate level of service to be applied to this visit, please clarify:

Total time of visit:

Percentage of visit spent face to face in counseling and/or coordination of care:

OR

 This was not a counseling/coordination of care visit

 Unable to determine

Thank you for your prompt attention to this matter, the Clinical Documentation Specialist can be reached @ 307-xxx-xxxx.

Stephanie Thompson

Clinical Documentation Analyst Date/time

**To Be Completed by Physician:**

In responding to this request, please exercise your independent professional judgment. The fact that this question is asked does not imply that a particular answer is desired or expected.

I have reviewed and verified the above information.

**Physician’s signature:**

**Date/time:**

**This document is a permanent part of the medical record.**