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|  | Request for Tenure/Promotion Billing History |  |  |
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| Please Complete and Return to the Business Analytics team (UFHPBusinessAnalytics@shands.ufl.edu) |
|  |  |  |
| Request Date |  | Provider Name (First and Last Name) |
|  |  |  |
| Phone number |  | Email address |
|  | - |  |  |  |
| Date range for billing history |  | When do you need the report by? |
|  |  |  |
| Would you like data filtered by Place of Service type (Inpatient, Clinic) or at a specific location? |
|  |  |  |
| Limit to specific CPT code range?  |  | Limit to specific diagnosis code range? |
|  |
| Would you like the patient group filtered by origin (i.e., counties, regions)? |
|  |
| What would you like to track: Clinic Visits, Surgical Procedures, New Patient Referrals, or Something else? |
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