

Documented Activity

Dear Provider:

Please submit a copy of a productivity/activity report from where you are currently providing services (for the past 24 months for reappointment/12 months for initial appointment). The report should show patient encounters, and types/quantities of procedures performed. Please do not include personal/identifiable patient information (including medical record numbers). The report should also indicate if there were any adverse outcomes. Ensure document can identify where the document is coming from and timeframes are clear – hospital logo, letterhead, etc.

Samples are listed below. Please feel free to contact the CVO with any questions.

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MEMO FORMAT:

To: Department Chair/Service Chief

Janet Doe is a Nurse Practitioner (name of clinic, hospital, surgery center, etc) who sees a full spectrum of patients in our clinics. Her 2024 patient encounters were 2,684 and her 2013 patient encounters were 2,971.

There have been no adverse outcomes reported.

Sincerely,

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TABLE FORMAT:

There have been no adverse outcomes reported.

	total
Doe, John, MD (03/2023-03/2024)	
UNM Southeast Heights Clinic	
PSYCH DIAG INTER EXAM PRO	9
PSYCH DIAG INTER EXAM PRO	1
INDIV PSYCH 20-30 MIN PRO	82
INDIV PSYCH 20-30 MIN PRO	50
INDIV PSYCH 45-50MIN PRO	500
INDIV PSYCH 45-50MIN PRO	1
INDIV PSYCH 45-50MIN PRO	1
INDIV PSYCH 45-50MIN PRO	1
INDIV PSYCH 45-50MIN PRO	156
PSYCHOTHRPY 45-50MIN W/E&M PRO	1
INDIV PSYCH 75-80 MIN PRO	2
FAMILY THERAPY W/ PT PRO	1
GROUP PSYCHOTHRPY PRO	394