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|  | **Public statements** |  |
| Name of the Facility: |  | Accreditation number: |
| The headquarters of the main center |  |  |
| Region | City | Neighborhood |
| Street: | Mobile Number: | National Address: |
| Customer Service Center Number |  |  |
| Company public email |  | |

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| --- | --- | --- | --- | --- | --- | --- |
| Name and addresses of company officials | Name | University Degree or Professional Certificate in Revenue or Health Insurance Course Management | At least three years' experience in the same field | Phone Number | Mobile Number | Email |
| Director General / CEO |  |  |  |  |  |  |
| Operations Manager |  |  |  |  |  |  |
| CFO |  |  |  |  |  |  |
| Compliance Officer |  |  |  |  |  |  |

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| Names of coders and their licensing agency |
|  |
|  |
| Names of doctors and technicians, their specializations, and their licensing agency |
|  |
|  |
| Number of Administrative Total Number |