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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  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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  |