



## **Provider Self-Audit Submission Instructions**

- I. Prepare and send the following documents to the Alliance Health Office of Compliance:
  - a. Cover letter on your business letterhead that summarizes:
    - Overview of the issues identified
    - Time period covered by the audit/review
    - Type of sampling (100%, random, etc.)
    - Error percentage rate
  - b. Provider Self Audit Chart of Audit Findings
  - c. Provider Plan of Correction
  - d. Copy of completed Payment Form
  - e. Copy of Refund check (if applicable)

Send above items to the following address:

Alliance Health  
Compliance – Provider Self Audit  
5200 W. Paramount Parkway Ste. 200  
Morrisville, NC 27560

- II. Prepare and send the following documents to the Finance Department:
  - a. Refund check (if applicable)
  - b. Payment Form
  - c. Provider Self Audit Chart of Audit Findings
  - d. Copy of the cover letter that summarizes:
    - Overview of the issues identified
    - Time period covered by the audit/review
    - Type of sampling (100%, random, etc.)
    - Error percentage rate

Send above items to the following address:

Alliance Health  
Finance Department – Provider Self Audit  
5200 W. Paramount Parkway Ste. 200  
Morrisville, NC 27560

Questions relating to the Provider Self Audit process may be directed to [compliance@AllianceHealthPlan.org](mailto:compliance@AllianceHealthPlan.org)