

# NOVA SOUTHEASTERN UNIVERSITY

## CERTIFICATION OF SPECIFIC COMPLIANCE

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I certify that I have reviewed the NSU Specific Compliance Training Tape(s) regarding the following:

1. The submission of accurate bills for services rendered to Medicare and/or Medicaid patients;
2. Policies and procedures and other requirements applicable to the documentation of optometry records;
3. The personal obligation of each individual involved in the billing process to ensure that such billings are accurate;
4. Applicable reimbursement rules and statutes;
5. The legal sanctions for improper billings and examples of proper and improper billing practices.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print/Type Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Department/College

Please return this form to

Robin Supler, J.D.  
Director of Compliance  
Nova Southeastern University  
3200 University Drive  
Ft. Lauderdale, FL 33328  
954.262.4349