NOVA SOUTHEASTERN UNIVERSITY

NSU MEDICAL RECORDS AND MEDICAL BILLING INVENTORY LIST – BOX LEVEL

Please complete the information for each Box to be destroyed. All Fields must be competed for each box. Please format dates as MM/DD/YY.								
Box Number Barcode	**Record Category**	**Record Code**	**Box Title**	**Brief Description**	**Date Range** MM/DD/YY – MM/DD/YY		**Trigger Date** MM/DD/YY	**Review Date** MM/DD/YY
12345678 **-EXAMPLE-**	P1. CLINIC RECORDS **-EXAMPLE-**	HCLINIC-1 **-EXAMPLE-**	FY13 EOB - 1 **-EXAMPLE-**	EXPLANATION OF BENEFITS **-EXAMPLE-**	07/01/2012 **-EXAMPLE-**	06/30/2013 **-EXAMPLE-**	06/30/2013 **-EXAMPLE-**	6/30/2025 **-EXAMPLE-**