



# Plan of Correction

Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Provider Contact for follow-up: \_\_\_\_\_ Fax: \_\_\_\_\_  
Trillium Provider

Email: \_\_\_\_\_

Address: \_\_\_\_\_ Provider NPI# \_\_\_\_\_ Date: \_\_\_\_\_

Finding (State the Problem)	Corrective Action Steps (How will this problem be corrected?)	What systems changes will be made to ensure this situation and others like it do not occur again?	Responsible Party	Time Line
_____	_____	_____	_____	<b><u>Implementation Date:</u></b> _____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	<b><u>Projected Completion Date:</u></b> _____

**TRILLIUM USE ONLY:**

Accepted       Not Accepted

Date \_\_\_\_\_ Initials \_\_\_\_\_ Revision Due \_\_\_\_\_





<b>Finding (State the Problem)</b>	<b>Corrective Action Steps (How will this problem be corrected?)</b>	<b>What systems changes will be made to ensure this situation and others like it do not occur again?</b>	<b>Responsible Party</b>	<b>Time Line</b>
				<b>Implementation Date:</b>
				<b><i>Projected Completion Date:</i></b>

