– SAMPLE LETTER –

For physicians who work in a private practice setting

Letter Must be Typed on Appropriate Letterhead

Date

National Board of Echocardiography, Inc.
3915 Beryl Rd. Suite 130
Raleigh, NC 27607-5609

RE: *Applicant's Full Name*
   *Applicant's Date of Birth*

To Whom It May Concern:

This letter serves to confirm that Dr. __*(Applicant's name)*__ is a practicing cardiologist in private practice. Our records indicate that ____*(he/she)*____ has performed and interpreted echoes as follows:

	2022	2023	2024
Transthoracic (93303-93308) *	####	####	####
Transesophageal (93312-93317)*	####	####	####
Stress Echo (93350-93351)*	####	####	####

❑ I certify that the number of studies provided above are exact numbers and are not rounded and/or estimates. (*Please check box.*)

Sincerely,

(Original signature required)
Typed name
Title (President, CEO, or Business Manager)
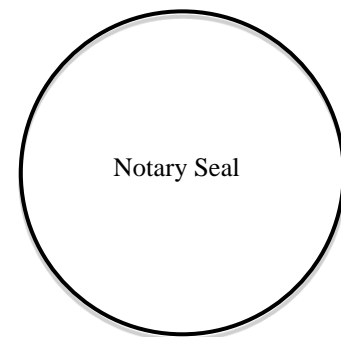
Sworn and subscribed to before me on *(date)*: _____

_____
Signature of Notary Public

Notary Seal

NOTE: For the purpose of Certification, a study performed and/or interpreted may be counted only once and must be counted under the code that it was billed. Example: Even though a full TTE is performed as part of a Stress Echo with only a single bill being submitted (93350-93351), the study must be counted as a Stress Echo and cannot be counted as both a TTE and a Stress.

The EXACT number of cases performed and interpreted must be provided. Applications containing approximated and/or rounded numbers will NOT be reviewed by the Certification Committee. Letters documenting level of service MUST be on appropriate letterhead and MUST BE NOTARIZED. Committee decisions will be determined using the numbers provided in this letter.

Note: The numbers provided must be in parallel, consecutive years, but need not be calendar years. If documenting fiscal years, exact dates are required. For Example: MM/DD/YYYY-MM/DD/YYYY. The end of the most recent year for which credit is requested must fall within the 12-months prior to receipt of the complete application.