

QUARTERLY AI SCRIBE COMPLIANCE AUDIT CHECKLIST

Practice Name:
Audit Period:
Auditor Name:
Audit Date:

PROVIDER INFORMATION

Provider Name:

Provider NPI:

Total Notes This Quarter:

Sample Size Audited:

AI Scribe Tool Used: Abridge Nuance DAX Nabla Other

AUDIT CRITERIA

For each sampled note, check all that apply:

Physician Attestation (Required)

Note ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.	Yes	No	Yes	No	Pass	Fail
2.	Yes	No	Yes	No	Pass	Fail
3.	Yes	No	Yes	No	Pass	Fail
4.	Yes	No	Yes	No	Pass	Fail
5.	Yes	No	Yes	No	Pass	Fail

Summary:

Total Notes with Attestation: / ____ (%____)
Total Notes Signed Within 24h: / ____ (%____)
Compliance Rate: / ____ (%____)

FAIL if <95% attestation rate