

COUNTY BILLABLE (NON-DMC) CLIENT TRACKING FORM

 OS

 IOS

 Recovery Services

Client Name: _____

Client ID#: _____

Admit Date: _____

Date County Billing Began: _____

M/C (BIC#): _____

DSM Dx: _____

ICD-10 Code: _____

Service Date	Service Type & CO	Date Billed	Billing Minutes	Service Date	Service Type & CO	Date Billed	Billing Minutes	Service Date	Service Type & CO	Date Billed	Billing Minutes
1.				21.				41.			
2.				22.				42.			
3.				23.				43.			
4.				24.				44.			
5.				25.				45.			
6.				26.				46.			
7.				27.				47.			
8.				28.				48.			
9.				29.				49.			
10.				30.				50.			
11.				31.				51.			
12.				32.				52.			
13.				33.				53.			
14.				34.				54.			
15.				35.				55.			
16.				36.				56.			
17.				37.				57.			
18.				38.				58.			
19.				39.				59.			
20.				40.				60.			

<p>Review Date: _____</p> <hr style="border: 0.5px solid black;"/> <p>QA Reviewer Signature</p>	<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><u>QAR Determination</u></p> <p><input type="checkbox"/> Client file in full compliance</p> <p><input type="checkbox"/> Corrective Action Required</p> <p><input type="checkbox"/> Approved Discharge</p> <p><input type="checkbox"/> Please note denials were noted on QAR Worksheet</p> </td> <td style="width: 50%; vertical-align: top;"> <p><u>Upcoming Review Dates</u></p> <p>No more Review Dates <input type="checkbox"/></p> <p>Extension Review due by: _____</p> <p>Stay Review due by: _____</p> </td> </tr> </table>	<p><u>QAR Determination</u></p> <p><input type="checkbox"/> Client file in full compliance</p> <p><input type="checkbox"/> Corrective Action Required</p> <p><input type="checkbox"/> Approved Discharge</p> <p><input type="checkbox"/> Please note denials were noted on QAR Worksheet</p>	<p><u>Upcoming Review Dates</u></p> <p>No more Review Dates <input type="checkbox"/></p> <p>Extension Review due by: _____</p> <p>Stay Review due by: _____</p>
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