

CLIENT TRACKING FORM

OS IOS Recovery Services

Client Name: _____

Client ID#: _____

Admit Date: _____

Date DMC Billing Began: _____

Service Date	Service Type & CO	Date Billed	Billing Mins	Funding Source* (see key)	Service Date	Service Type & CO	Date Billed	Billing Mins	Funding Source* (see key)	Service Date	Service Type & CO	Date Billed	Billing Mins	Funding Source* (see key)
1.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	16.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	31.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>
2.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	17.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	32.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>
3.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	18.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	33.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>
4.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	19.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	34.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>
5.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	20.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	35.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>
6.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	21.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	36.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>
7.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	22.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	37.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>
8.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	23.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	38.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>
9.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	24.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	39.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>
10.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	25.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	40.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>
11.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	26.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	41.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>
12.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	27.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	42.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>
13.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	28.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	43.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>
14.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	29.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	44.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>
15.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	30.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>	45.				DMC <input type="checkbox"/> CB <input type="checkbox"/> NB <input type="checkbox"/>

Review Date: _____

QA Reviewer Signature _____

QAR Determination

- Client file in full compliance
- Corrective Action Required
- Approved Discharge
- Please note denials were noted on QAR Worksheet

Upcoming Review Dates

- No more Review Dates
- Extension Review due by: _____
- Stay Review due by: _____

Funding Source* Key:

DMC = Drug Medi-Cal
CB = County-Billable
NB = Non-Billable

For any services marked County or Non-Billable, explain on page 2.

CLIENT TRACKING FORM

Please explain reason why service is County-Billable or Non-Billable in corresponding number below.

1.	16.	31.
2.	17.	32.
3.	18.	33.
4.	19.	34.
5.	20.	35.
6.	21.	36.
7.	22.	37.
8.	23.	38.
9.	24.	39.
10.	25.	40.
11.	26.	41.
12.	27.	42.
13.	28.	43.
14.	29.	44.
15.	30.	45.