

Timeliness Record

Client Name		Client ID	
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Effective Date		Author	
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Initial Request and Appointment

Referral Source			
Date of first contact to request services:		Time:	
<input type="checkbox"/> Urgent <i>(if selected, time fields are required)</i>	<input type="checkbox"/> Prior Authorization Required		
First service appointment offered date:		Time:	
First service appointment rendered date:		Time:	
Reason for delay:			
If other, explain:			
Referred to an out-of-network provider	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Details:			

Follow-Up

<input type="checkbox"/> Follow up appointment NOT offered			
First follow up appointment offered date:		First service appointment rendered date:	
Documentation of clinical appropriateness of wait time extension: (If documented in a progress note, indicate the date of this progress note "see progress note dates XX/XX/XXXX")			

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Closure

Closure date:	
Closure reason:	
If other, explain:	

Signature		Date	
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Printed Name & Credentials	
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