PRE-ADMISSION SCREENING AND RESIDENT REVIEW INVOICE

CONTRACTOR

DATE

CONTRACT No.

CLIENT NAME

ID No.

Create the ID No. using the patient's first and last initial + date of birth in MM/DD/YY format + "10" if the client is male or "20" if the client is female. For example, the invoice for Jane Doe with a date of birth January 15, 1970 would be entered as "JD01157020".

DATE REFERRED

DATE COMPLETED

COUNTY

☐ INITIAL REVIEW

☐ ONGOING REVIEW

LEVEL II EVALUATION PERFORMED BY:

AMOUNT DUE: $300.00

CONTRACTOR CERTIFICATION

I certify that this report has been examined by me, and to the best of my knowledge and belief, the reported information is valid, based upon our office records and is consistent with the terms of the contract. It is understood that contract payments are calculated by the AHCCCS based upon contract terms.

AUTHORIZED SIGNER

DATE

TITLE

AHCCCS CERTIFICATION

AHCCCS USE ONLY PSYCH. TX

☐ Yes ☐ No

☐ Performance Satisfactory for Payment

☐ Performance Unsatisfactory for Payment

☐ No Payment Due

AHCCCS AUTHORIZED SIGNATURE

DATE

Name