

# West Slope Recovery, Inc.

## ADMISSION BOOKKEEPING FORM

Admission Date \_\_\_\_\_

Client Name \_\_\_\_\_

Client Log # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_  
Primary Phone Number

(\_\_\_\_) \_\_\_\_\_  
Secondary/Message #

DSM IV Code \_\_\_\_\_ Primary Counselor \_\_\_\_\_

Payment Method \_\_\_\_\_ County \_\_\_\_\_ Private charges \$ \_\_\_\_\_

Authorization Date Start: \_\_\_\_\_ End Date \_\_\_\_\_

### Change in Status

Effective this date \_\_\_\_\_ the following changes in status will occur \_\_\_\_\_

\_\_\_\_\_

Date Billing notified: \_\_\_\_\_

Effective this date \_\_\_\_\_ the following changes in status will occur \_\_\_\_\_

\_\_\_\_\_

Date Billing notified: \_\_\_\_\_

Effective this date \_\_\_\_\_ the following changes in status will occur \_\_\_\_\_

\_\_\_\_\_

Date Billing notified: \_\_\_\_\_