

# EncounterForm NE CCBH

## OMNI Health Services Inc Outpatient Service Encounter Form

COVID-19 Pandemic Protocol This session was conducted by phone due to Emergency Authorization by Magellan Behavioral Health due to Covid-19 pandemic. Full signatures will be obtained when the virus abates, and the client can resume treatment in office.

Select:	In person Session
Reason for audio only:	Client at home
Chart id:	kna
Insurance id:	xankx
Dob:	xaknkn
Consumer name:	ankx
Icd 10	knkwmxk
Name of the supervising physician:	kkscmkm
Co pay Amount:	knckxnk
Paid Amount:	nnqknsk
Time in:	jsknks
Time out:	jnnsajknka
Am or pm:	knkankna
County:	Lacka
Insurance carrier:	MA
Assessment done?	yes
D/a?	yes
In treatment?	yes
Referred?	yes
Clinician services:	90832 Individual Psychotherapy (38-52 Minutes),90837 Individual Psychotherapy (52+ Minutes)

I certify that the information shown on this invoice is true, correct, and accurate. I understand that payment and satisfaction of this claim will be from federal and state funds, and that any false claims, statements or documents, or concealment of material facts, may be prosecuted under applicable federal and state laws.

**Please Sign below, If Agree**

Psychiatrist/Psychologist/Therapist Print Name



Client/Guardian/Responsible Party Signature

A handwritten signature in black ink, consisting of a stylized, cursive 'A' or 'R' shape.

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Supervising Physician Print Name (Medicare Only)

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