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# EncounterForm NE CCBH

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## 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 outside the home
Chart id:	TEst
Insurance id:	
Dob:	
Consumer name:	
Icd 10	
Name of the supervising physician:	
Co pay Amount:	
Paid Amount:	
Time in:	
Time out:	
Am or pm:	
County:	null
Insurance carrier:	null
Assessment done?	null
D/a?	null
In treatment?	null

Referred?

null

Clinician services:

null

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**

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Psychiatrist/Psychologist/Therapist Print  
Name

A handwritten signature, possibly reading 'Z', is written in black ink.

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Client/Guardian/Responsible Party Signature

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Supervising Physician Print Name  
(Medicare Only)

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