
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: null

Reason for audio
only: null

Chart id:

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: undefined

office: undefined

Insurance carrier: null
Assessment done? undefined
D/a? undefined
In treatment? undefined
Referred? undefined
Clinician services: 90791 Initial Bio-Psychosocial (Max 1.5 hours),90792
Psychiatric Evaluation by MD (Adult) (Per Evaluation)

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



Supervising Physician Print Name
(Medicare Only)
