EncounterForm NE Magellan

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.

Name of Client lam

Name of Therapist Mihir Kishan

Select: In person Session

Reason for audio only: Client outside the home

Chart id: 132 Insurance id: 232

Dob:

Consumer name:

Icd 10

Name of the supervising

physician:

Co pay Amount:

Paid Amount:

Time in: Time out:

Am or pm:

City: Allentown

Insurance carrier: Medicare

Smoking History null

Clinician services:

90791 Initial Diagnostic Assessment- Intake by clinician -

billed 30 min increments

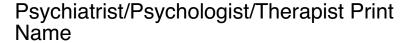
Medical services:

99211 Medication Review 5-10 mins MD

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

Client/Guardian/Responsible Party	
Signature	



Supervising Physician Print Name (Medicare Only)