
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.

Name of Client	Kishan
Name of Therapist	Mihir Kishan
Select:	In person Session
Reason for audio only:	Client at home
Chart id:	132
Insurance id:	232
Dob:	12/12/2002
Consumer name:	aa
Icd 10	
Name of the supervising physician:	
Co pay Amount:	
Paid Amount:	
Time in:	
Time out:	
Am or pm:	
County:	Lacka,Carbon
Insurance carrier:	MA

Assessment done?	yes
D/a?	yes
In treatment?	yes
Referred?	yes
Clinician services:	90837 Initial Bio Psychosocial Max 1 hr and 30 mins

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)
