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# EncounterForm NE Magellan

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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:	
Insurance id:	
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 -

Medical services:                      billed 30 min increments  
   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**

Psychiatrist/Psychologist/Therapist Print  
Name

A handwritten signature consisting of a large, loopy 'Q' shape followed by a long horizontal line extending to the right.

Client/Guardian/Responsible Party  
Signature

A handwritten signature consisting of a horizontal line, a sharp upward curve, and a final downward curve.

Supervising Physician Print Name  
(Medicare Only)