
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:	In person Session,Telehealth only Verbal consent obtained
Reason for audio only:	Client at home,Client outside the home
Chart id:	aaxa
Insurance id:	ax
Dob:	20/03/2000
Consumer name:	xaax
Icd 10	xaxa
Name of the supervising physician:	kl
Co pay Amount:	aa
Paid Amount:	ax
Time in:	jsknks
Time out:	jnsajknka
Am or pm:	xaxa
County:	Lacka
Insurance carrier:	Medicare
Assessment done?	yes

D/a? yes
In treatment? yes
Referred? yes
Clinician services: 90837 Initial Bio Psychosocial Max 1 hr and 30 mins,90791
Initial Psych Assessment(CRNP/PA) (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

Consumer/Parent/Guardian Signature



Psychiatrist/Psychologist/Therapist Print Name

Supervising Physician Print Name
(Medicare Only)