
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:	Telehealth only Verbal consent obtained
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:	
County:	Lacka
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)