



\*Clinician must verify pre-authorization for ALL services

## Uniform Service Ticket INDIVIDUAL

On-Site: \_\_\_\_ Off-Site: \_\_\_\_ In School: \_\_\_\_

check all that apply → Baltimore? ☒ YES Medicare? ☒ YES Prince George's County? ☒ YES

Client Name: \_\_\_\_\_ \*Date of Service: \_\_\_\_/\_\_\_\_/2019

Demographic: (check one) ☐ Adult ☐ Child/Adolescent

Clinical Program: (check one) ☐ OMHC ☐ PRP ☐ Substance Abuse ☐ No-Show

DSM-V Diagnosis(es): \_\_\_\_\_ Diagnosis #1 \_\_\_\_\_ Diagnosis #2 \_\_\_\_\_

### Service(s) Provided:

SERVICE #	START TIME	END TIME	SERVICE DESCRIPTION
#1 #2	____:____am/pm	____:____am/pm	<b>90791</b> Diagnostic Interview (1 <sup>st</sup> session), 45 - 60 minutes
#1 #2	____:____am/pm	____:____am/pm	<b>90832</b> Individual Session – M.D. only, 30 minutes
#1 #2	____:____am/pm	____:____am/pm	<b>90832</b> Individual Session, 30 minutes
#1 #2	____:____am/pm	____:____am/pm	<b>90834</b> Individual Session, 45 minutes
#1 #2	____:____am/pm	____:____am/pm	<b>90889</b> Discharge
#1 #2	____:____am/pm	____:____am/pm	<b>H0001</b> Alcohol & Drug: Assessment
#1 #2	____:____am/pm	____:____am/pm	<b>H0002</b> PRP Assessment
#1 #2	____:____am/pm	____:____am/pm	<b>H0004</b> Alcohol & Drug: Individual Session, 15 minutes Total number units today ____ *No more than 6 units per day
#1 #2	____:____am/pm	____:____am/pm	<b>H0015</b> Alcohol & Drug: Intensive Outpatient (IOP), per diem *Two (2) hours of service per day
#1 #2	____:____am/pm	____:____am/pm	<b>H2016</b> PRP
#1 #2	____:____am/pm	____:____am/pm	<b>H0032</b> Treatment Planning with Client

List of Additional Persons Present, if applicable (use back of sheet if more space is needed):  
not applicable \_\_\_\_\_

### Signatures:

PROVIDER I am providing my signature as confirmation that I personally rendered the service(s) listed above.

Provider Name: \_\_\_\_\_

Provider Signature and Credentials: \_\_\_\_\_

CLIENT I am providing my signature as confirmation that I received the service(s) listed above.

Client/Guardian Signature: \_\_\_\_\_ ← BLUE INK

→ office use only ←

CM: on invoice? Y N note submitted? Y N

BILLING: date received: \_\_\_\_/\_\_\_\_/19 date billed: \_\_\_\_/\_\_\_\_/19