ILLINOIS DEPARTMENT OF HUMAN SERVICES
Division of Alcoholism and Substance Abuse
AUTOMATED REPORTING AND TRACKING SYSTEM
HOURLY REPORTING (ASSESSMENT, INTERVENTION, CASE MANAGEMENT, LEVEL I AND LEVEL II, HIV, INTERPRETER)

PROVIDER: ______
UNIT: ______
PROGRAM: ______

SITE NUMBER: ______

STAFF ID: ______
SERVICE DATE: ______ / ______ / ______

PATIENT #1
Funding Code: ______
Unique Patient Identifier: ______
Service Type: ______
Activity Code: ______
Group ID: ______
Start Time: ______ : ______ am/pm
Length of Service: … Hrs: ______ Mins: ______
Collateral ID: ______
Video Counseling: ______

Medicaid Billing Data
Spend Down: ______ ______ • ______

TPL Information
TPL Status: ______
TPL Payer Amount: ______ ______ • ______

TPL Paid Date: ______ / ______ / ______

Dedicated Funding Category: SELECT ONLY ONE
☐ D = DCFS
☐ L = Gambling
☐ N = None

PATIENT #2
Funding Code: ______
Unique Patient Identifier: ______
Service Type: ______
Activity Code: ______
Group ID: ______
Start Time: ______ : ______ am/pm
Length of Service: … Hrs: ______ Mins: ______
Collateral ID: ______
Video Counseling: ______

Medicaid Billing Data
Spend Down: ______ ______ • ______

TPL Information
TPL Status: ______
TPL Payer Amount: ______ ______ • ______

TPL Paid Date: ______ / ______ / ______

Dedicated Funding Category: SELECT ONLY ONE
☐ D = DCFS
☐ L = Gambling
☐ N = None

EFFECTIVE 07/01/15 – 06/30/16