

PROVIDER: 

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ILLINOIS DEPARTMENT OF HUMAN SERVICES  
*Division of Alcoholism and Substance Abuse*  
 AUTOMATED REPORTING AND TRACKING SYSTEM  
**RESIDENTIAL AND RECOVERY HOME SERVICES**

YEAR: 

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UNIT: 

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 PROGRAM: 

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MONTH: 

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### PATIENT #1

Funding Code:	<div></div>	Unique Patient Identifier:	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
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Billing Begin Date: 

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Billing End Date: 

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 Psychiatric Eval. Bill: 

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Video Counseling: ☐

## Medicaid Billing Data

Due from Patient (Spend Down):						•	
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## TPL Information

Status:			Payer Amount:						•	
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Paid Date: | | | / | | | / | | | | |

□ D = DCFS

☐ N = None

## PATIENT #2

Funding Code:	<div></div> <div></div>	Unique Patient Identifier:	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
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Billing Begin Date: 

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Billing End Date: [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] Psychiatric Eval. Bill: [ ]

Video Counseling: \_\_\_\_\_

### Medicaid Billing Data

Due from Patient (Spend Down):						•		
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## TPL Information

Status:		Payer Amount:						•		
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Paid Date: | | | / | | / | | |

D = DCFS

☐ N = None

Help