

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