

PROVIDER:

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

YEAR:

UNIT: PROGRAM:

MONTH:

PATIENT #1

Funding Code: Unique Patient Identifier:

Billing Begin Date: / /

Billing End Date: / / Psychiatric Eval. Bill:

Video Counseling:

Medicaid Billing Data

Due from Patient (Spend Down): •

TPL Information

Status: Payer Amount: •

Paid Date: / /

☐ D = DCFS

☐ N = None

PATIENT #2

Funding Code: Unique Patient Identifier:

Billing Begin Date: / /

Billing End Date: / / Psychiatric Eval. Bill:

Video Counseling:

Medicaid Billing Data

Due from Patient (Spend Down): •

TPL Information

Status: Payer Amount: •

Paid Date: / /

☐ D = DCFS

☐ N = None