

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

PROVIDER:

YEAR:

UNIT: PROGRAM:

MONTH:

PATIENT #1

Funding Indicator: Unique Patient Identifier:

Billing Begin Date: / /

Toxicology Tests:

Revision Code:

Dedicated Funding Category: **SELECT ONLY ONE**

- ☐ D = DCFS
☐ G = OMT Toxicology
☐ N = None

PATIENT #2

Funding Indicator: Unique Patient Identifier:

Billing Begin Date: / /

Toxicology Tests:

Revision Code:

Dedicated Funding Category: **SELECT ONLY ONE**

- ☐ D = DCFS
☐ G = OMT Toxicology
☐ N = None