<table>
<thead>
<tr>
<th>PROVIDER:</th>
<th>UNIT:</th>
<th>PROGRAM:</th>
<th>YEAR:</th>
<th>MONTH:</th>
</tr>
</thead>
</table>

**PATIENT #1**
- Funding Indicator: D\(^1\)C
- 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: D\(^1\)C
- Unique Patient Identifier: 
- Billing Begin Date: \__/__/____
- Toxicology Tests: 
- Revision Code: 
- Dedicated Funding Category: **SELECT ONLY ONE**
  - D = DCFS
  - G = OMT Toxicology
  - N = None

*EFFECTIVE 07/01/16 – 06/30/17*