

ILLINOIS DEPARTMENT OF HUMAN SERVICES
Division of Substance Use Prevention and Recovery
AUTOMATED REPORTING AND TRACKING SYSTEM

HOURLY REPORTING (ASSESSMENT, INTERVENTION, CASE MANAGEMENT, LEVEL 1 AND LEVEL 2, 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: Telehealth:

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
- O = OMT-STR

PATIENT #2

Funding Code: Unique Patient Identifier:

Service Type: Activity Code: Group ID:

Start Time: : am/pm Length of Service: ... Hrs: Mins:

Collateral ID: Telehealth:

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
- O = OMT-STR