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

PROVIDER: ☐☐☐☐

UNIT: ☐☐☐☐   PROGRAM: ☐☐

YEAR: ☐☐☐☐

MONTH: ☐☐

PATIENT #1

Funding Indicator: | D | C | Unique Patient Identifier: ☐☐☐☐☐☐☐☐☐

Billing Begin Date: ☐☐ / ☐☐ / ☐☐☐☐

Toxicology Tests: ☐

Revision Code: ☐

Dedicated Funding Category: **SELECT ONLY ONE**

☐ D = DCFS
☐ N = None

PATIENT #2

Funding Indicator: | D | C | Unique Patient Identifier: ☐☐☐☐☐☐☐☐☐

Billing Begin Date: ☐☐ / ☐☐ / ☐☐☐☐

Toxicology Tests: ☐

Revision Code: ☐

Dedicated Funding Category: **SELECT ONLY ONE**

☐ D = DCFS
☐ N = None

EFFECTIVE 07/01/2020 – 06/30/2021