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

**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