State of Illinois
Department of Human Services - Division of Substance Use Prevention and Recovery

RESIDENTIAL AND RECOVERY HOME SERVICES FORM

PROVIDER: ☐☐☐☐

Year: ☐☐☐☐

UNIT: ☐☐☐☐ PROGRAM: ☐☐

MONTH: ☐☐

PATIENT #1

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

Billing Begin Date: ☐☐ / ☐☐ / ☐☐☐☐

Billing End Date: ☐☐ / ☐☐ / ☐☐☐☐

Psychiatric Eval. Bill: ☐

Telehealth: ☐

Medicaid Billing Data Due from Patient (Spend Down): ☐☐☐☐☐☐☐☐

TPL Information: Status: ☐☐ Payer Amount: ☐☐☐☐☐☐☐☐

Paid Date: ☐☐ / ☐☐ / ☐☐☐☐

Dedicated Funding Category: **SELECT ONLY ONE**

☐ D = DCFS

☐ N = None

PATIENT #2

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

Billing Begin Date: ☐☐ / ☐☐ / ☐☐☐☐

Billing End Date: ☐☐ / ☐☐ / ☐☐☐☐

Psychiatric Eval. Bill: ☐

Telehealth: ☐

Medicaid Billing Data Due from Patient (Spend Down): ☐☐☐☐☐☐☐☐

TPL Information: Status: ☐☐ Payer Amount: ☐☐☐☐☐☐☐☐

Paid Date: ☐☐ / ☐☐ / ☐☐☐☐

Dedicated Funding Category: **SELECT ONLY ONE**

☐ D = DCFS

☐ N = None

EFFECTIVE 07/01/2021 - 06/30/2022