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

TOXICOLOGY SERVICES FORM

PROVIDER: | | | | |

UNIT: | | | | | PROGRAM: | | |

Year: | | | | |

MONTH: | | |

PATIENT #1

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

Billing Begin Date: | | | / | | | / | | | | |

Toxicology Test: | |

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 Test: | |

Revision Code: | |

Dedicated Funding Category: **SELECT ONLY ONE**

- ☐ D = DCFS
- ☐ N = None

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