Approval for Services

	P.A. Number
PA Modifier	2431740

Provider
Provider - BHP, indepently licensed 1000 Known St Louisville, KY 00000
Clinical Supervisor

Client
Jane Doe / Medicaid # Address Address MCO ID# / Phone # DOB - Sex - Diag. code

Prof. License Exp.	Prof. Insurance Exp.
Masters/LMFT	11/11/11

Date span in which services may be provided →

Start Date	End Date
1/1/2013	2/28/13

Date of Services	Units Used	Item / 90887 Procedure	Description	Qty	Rate	Customer	Amount
		Individual	90837 - Individual Therapy In Home - Units can also be used for procedure codes: 90832 (30 minutes) and 90834 (45 minutes)	10	60.00	Doe Jane	600.00
		90887	Collateral Therapy - In Home	40	15.00	Doe Jane	600.00
1-5-13	8	90887					
1-8-13	2	90837					
1-8-13	1	90832					

Total $1,200.00

Contractor Signature & Date — your signature, credentials, and date

Diagnosis code #	Is this Service Plan in Chart?	Is client currently in DCBS care? Circle Yes or No

This form does not guarantee payment of services. Active insurance coverage is your responsibility.

this information is required to process billing