Approval for Services

	P.A. Number
PA Modifier	2431740

Provider
Provider 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	11/11/11

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

		Item	Description	Qty	Rate	Customer	Amount
		H2021 HN	Therapeutic Child Support with individual supervision	144	5.00	Doe Jane	720.00
Date of Services	Units Used	Procedure					
1-5-13	8	H2021 HN					
1-8-13	10	H2021 HN					

Contractor Signature & Date your signature, credentials, and date

Total $720.00

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. Consult with the TCM.