

MEDICAL RECORD CHECKLIST



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- FACE SHEET
 - PRE-ADMISSION ASSESSMENT / FACE TO FACE
 - BIO PSYCH SOCIAL (ASI/BHI)
 - NURSING & RISK ASSESSMENT-PPD RESULTS
 - INITIAL TREATMENT PLAN
 - WEEKLY TREATMENT PLAN UPDATE
 - PROGRESS NOTES
Doctor, clinical or nurses notes for each date billed
 - GROUP NOTES
Clinical notes for each date of service billed
 - PHYSICIAN HISTORY AND SIGNED PHYSICAL
 - PHYSICIAN ADMISSION NOTE
 - PSYCHIATRIST PSYCH EVALUATION (SIGNED)
 - PSYCHIATRIST WEEKLY PROGRESS NOTE
 - ANY MEDICAL ORDERS
 - LAB REPORTS
 - DISCHARGE PLAN AND SUMMARY

DETOX ONLY:

- CLINICAL OPIATE WITHDRAWAL SCALE (COWS)
- CLINICAL INSTITUTE WITHDRAWAL ASSESSMENT (CIWA)

MEDICAL RECORDS

Please process the attached medical records with the claim referenced below.

Date: _____

Attention: _____

Patient Name: _____

Policy ID Number: _____

Date of Service: _____

Claim Number: _____