

PRE-ADMISSION SCREENING AND RESIDENT REVIEW INVOICE

CONTRACTOR

DATE

CONTRACT No.

CLIENT NAME

ID No.

DATE REFERRED

DATE COMPLETED

COUNTY

INITIAL REVIEW

ONGOING REVIEW

LEVEL II EVALUATION PERFORMED BY:

AMOUNT DUE: \$300

CONTRACTOR CERTIFICATION

I certify that this report has been examined by me, and to the best of my knowledge and belief, the reported information is valid, based upon our office records and is consistent with the terms of the contract. It is understood that contract payments are calculated by the AHCCCS based upon contract terms.

AUTHORIZED SIGNER

DATE

TITLE

AHCCCS CERTIFICATION

Performance Satisfactory for Payment

Performance Unsatisfactory for Payment

No Payment Due

AHCCCS USE ONLY PSYCH. TX

Yes No

AHCCCS AUTHORIZED SIGNATURE

DATE

Name