

FOLLOW-UP

FACE TO FACE HOME OFFICE OTHER TELEPHONE
FOLLOW-UP CONTACT WITH CLIENT PARENT/GUARDIAN

NAME: _____ DOB: _____ MEDICAID NUMBER: _____

FOLLOW-UP NUMBER:

ONE TWO THREE FOUR FIVE SIX SEVEN EIGHT NINE # _____

SUMMARY OF FOLLOW-UP CONTACT (INCLUDE ONLY ONE BILLABLE CONTACT—NON-BILLABLE SERVICES MUST BE DOCUMENTED ON PROGRESS NOTE).

DOCUMENTATION CONTINUED ON NEXT PAGE

SERVICE PLAN WAS REVIEWED AND UPDATED WITH CLIENT/PARENT/GUARDIAN ACCORDING TO POLICY.

WERE ADDITIONAL NEEDS IDENTIFIED? YES IF YES, SERVICE PLAN ADDENDUM IS NEEDED. NO

ARE CASE MANAGEMENT SERVICES TO CONTINUE?

YES, TIME FRAME FOR NEXT BILLED FOLLOW-UP VISIT _____

YES, PRIOR AUTHORIZATION REQUIRED FOR ADDITIONAL VISITS

NO, CASE TO BE CLOSED (COMPLETE CLOSURE FORM)

REFERRAL(S) MADE AT TIME OF CLOSURE: N/A NO REFERRALS NEEDED AT CLOSURE

NO, CASE TO BE TRANSFERRED (COMPLETE TRANSFER FORM)

CASE MANAGER SIGNATURE: _____ DATE: _____

CASE MANAGER PRINTED NAME: _____