

FOLLOW-UP DOCUMENTATION CONTINUED

NAME: _____ MEDICAID NUMBER: _____

CONTINUATION OF FOLLOW-UP NUMBER:

ONE TWO THREE FOUR FIVE SIX SEVEN EIGHT NINE # _____

SUMMARY OF FOLLOW-UP CONTACT CONTINUED

THIS IS A SUPPLEMENTAL PAGE AND MUST BE ATTACHED TO A COMPLETED CM-04 FOLLOW-UP FORM.
THE CASE MANAGER MUST SIGN AND DATE THE CM-04