

DMC CLIENT TRACKING FORM

ODF IOT

Client Name: _____

Client ID#: _____

Admit Date: _____

Date DMC Billing Began: _____

M/C (BIC#): _____

DSM Dx: _____

Birth date: _____ Gender: _____ Race: _____

ICD-10 Code: _____

Service Date	Service Type & CO	Date Billed	Service Date	Service Type & CO	Date Billed	Service Date	Service Type & CO	Date Billed
1.			21.			41.		
2.			22.			42.		
3.			23.			43.		
4.			24.			44.		
5.			25.			45.		
6.			26.			46.		
7.			27.			47.		
8.			28.			48.		
9.			29.			49.		
10.			30.			50.		
11.			31.			51.		
12.			32.			52.		
13.			33.			53.		
14.			34.			54.		
15.			35.			55.		
16.			36.			56.		
17.			37.			57.		
18.			38.			58.		
19.			39.			59.		
20.			40.			60.		

<p>Review Date: _____</p> <hr/> <p>QA Reviewer Signature</p>	<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><u>QAR Determination</u></p> <p><input type="checkbox"/> Client file in full compliance</p> <p><input type="checkbox"/> Corrective Action Required</p> <p><input type="checkbox"/> Approved Discharge</p> <p><input type="checkbox"/> Please note denials were noted on QAR Worksheet</p> </td> <td style="width: 50%; vertical-align: top;"> <p><u>Upcoming Review Dates</u></p> <p>No more Review Dates <input type="checkbox"/></p> <p>Extension Review due by: _____</p> <p>Stay Review due by: _____</p> </td> </tr> </table>	<p><u>QAR Determination</u></p> <p><input type="checkbox"/> Client file in full compliance</p> <p><input type="checkbox"/> Corrective Action Required</p> <p><input type="checkbox"/> Approved Discharge</p> <p><input type="checkbox"/> Please note denials were noted on QAR Worksheet</p>	<p><u>Upcoming Review Dates</u></p> <p>No more Review Dates <input type="checkbox"/></p> <p>Extension Review due by: _____</p> <p>Stay Review due by: _____</p>
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