

Sonoma County Behavioral Health (SCBH)
SERVICE CORRECTION FORM
For Billing Corrections

To: DHS Admin. Claiming Unit

Manager/Supervisor Approval Printed Name/ Signature: _____

From Program Name: _____ Date: _____

Prepared by: _____ Phone Number: _____

Error Types: SELECT ONE:

- | | |
|---|--|
| <input type="checkbox"/> Duplicate Service | <input type="checkbox"/> Incorrect Location |
| <input type="checkbox"/> Incorrect Client/Number | <input type="checkbox"/> Incorrect Procedure Code |
| <input type="checkbox"/> Incorrect Practitioner | <input type="checkbox"/> No Progress Note |
| <input type="checkbox"/> Incorrect Date | <input type="checkbox"/> Non-Billable Service |
| <input type="checkbox"/> Incorrect Duration (Face to Face, Non Face to Face, & Total) | <input type="checkbox"/> Note Written to Incorrect Program |
| <input type="checkbox"/> Group Correction | <input type="checkbox"/> Incorrect Client Plan Date(s) |
| <input type="checkbox"/> Other (Please Explain in detail) _____ | |

Services identified and warrant some type of correction must be reported to the Revenue Management Unit (RMU) using the MHS 702 form within 60 calendar days after the date on which the error was identified.

Original Service Information:

Program Name: _____		RU #: _____
Client Name: _____		Client #: _____
Duration Face to Face: _____	Duration Non Face to Face: _____	Total Duration: _____
Written On Date: _____	Service Date: _____	Start Time: _____
Procedure: _____	Group Count: _____	Location: _____
Practitioner Name and #: _____		
Co-Practitioner Name and #: _____	Duration Face to Face: _____	Non Face to Face: _____
		Total \$ _____

Correct Service Information:

Duration Face to Face: _____	Duration Non Face to Face: _____	Total Duration: _____
Procedure: _____	Group Count: _____	Location: _____
Practitioner Name and #: _____		
Co-Practitioner Name and #: _____	Duration Face to Face: _____	Non Face to Face: _____

For Claiming Use Only

Corrected By: _____ On Date: _____

Type of Correction: V&R Error Edit Claimed?: Y N