1 – Office	4 – Home	8 - Correctional Facility	11 - Faith-based	14 - Client's Job Site	17 - Non-Traditional	20 -
2 – Field	5 – School	9 - Inpatient	12 - Health Care	15 - Adult Residential	18 - Other	21 -
3 – Phone	6 - Satellite Clinic	10 - Homeless	13 - Age-Specific	16 - Mobile Service	19 - Childrens Residential	Fac

20 - Telehealth 21 - Unknown Face to Face time (Medicare Providers Only)

SIGN ALL ENTRIES WITH NAME AND TITLE - HEAD ALL SERVICE ENTRIES WITH SPECIFIC SERVICE									
(include 1 - client current condition 2 - dysfunction be DATE: BILLING Face to Face			n 2 - dysfunction being	addressed in session 3 - i		esponse)			
DATE		BILLING TIME:	Face to Face	Total	Service Type	LOCATION			
Current	Diagnosis (Che		osis Sheet):	Client Plan End Date (Check Client Plan):					
	5 (	5	,	,	,				
			Service P	rovidor:					
			(printed first and						
Including discipline)									
Signature:									
				NAME:					
				CHART NO:					
	<b>.</b>		· ···	DOB:					
		ial Patient Ir							
	266	W & I Code	ϽϿΖŌ	PROGRAM:					