

County of San Bernardino Department of Behavioral Health

MAA – Administrative Charge Data Invoice

Clinic/Unit Name _____

Reporting Unit _____

Staff Name & Title _____

Staff Number _____

Procedure Code	Description	Recipient Code
474 D	MHS Contract Administration (Medi-Cal Only)	MAA-NON 8
476 D	MHS Contract Administration (Medi-Cal and Non Medi-Cal)	MAA-SPMP 9
483 H	MAA Coordination/Claim Administration	

Procedure Code	Date of Service	Time in Minutes	Recipient Code	Description of Service	OK

I hereby certify under penalty of perjury that services included in the claim were actually provided to the beneficiary.

Staff Signature

Supervisor Signature

Date

Date

***Supporting Documentation**

Contract Administration: name of contract or agency and activity performed (monitoring of compliance and/or agency capability)