

County of San Bernardino Department of Behavioral Health

MAA – Indirect Services Charge Data Invoice

Clinic/Unit Name _____

Reporting Unit _____

Staff Name & Title _____

Staff Number _____

Procedure Code	Description	Recipient Code
472 A	Medi-Cal Outreach (Medi-Cal Recipients Only)	MAA-NON 8
473 B	Eligibility Intake	MAA-SPMP 9
475 C	Crisis Referral	
477 A	Discounted Outreach (Medi-cal & Non Medi-Cal Recipients	
478 F	SPMP Case Management	
481 F	Non-SPMP Case Management	

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