

**Ottawa County Community Mental Health
Billing Adjustment**

CMH Staff Name:						
Date:						
Contract Agency:						
Type of Audit:	Site Review:		Medicaid:		LRE:	Other (specify) :

	Consumer Initial	Consumer Number	Date of Service	Procedure Code	Units to Credit/Pay	Rate Per Unit	Total Amount	Description
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
				Total:				

QI Approval:	
Date:	

CMH QI Department