**PASRR EXPLANATION OF BILLING**

**REGION OF CMHC (Check One):** **1**[ ]  **2**[ ]  **3**[ ]  **4**[ ]  **5**[ ]  **6**[x]  **7**[ ]  **8**[ ]  **10**[ ]  **11**[ ]  **12**[ ]  **13**[ ]  **14**[ ]  **15**[ ]

**CLIENT NAME:** Click or tap here to enter text.

**CLIENT BIRTHDATE:** Click or tap here to enter text. **SOCIAL SECURITY NUMBER:**  Click or tap here to enter text.

**Bill to (Check One): MH** [ ]  **ID/RC** [ ]  **Dual** [ ]

**Bill to (Check One): Response to Referral** [ ]  **Level II Evaluation** [ ]

Identify categories and units billed.

|  |  |  |
| --- | --- | --- |
| **Action** | **Date** | **Units (15 min per unit)** |
| Select One  | Click or tap to enter a date. | Click or tap here to enter text. |
| Select One  | Click or tap to enter a date. | Click or tap here to enter text. |
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| Select One  | Click or tap to enter a date. | Click or tap here to enter text. |
| **Date Completed And Total Units** | **Click or tap to enter a date.** | Click or tap here to enter text. |