COUNTY OF SAN MATEO HEALTH SYSTEM



MANAGED CARE SERVICE RECORD and PROGRESS NOTES

LIENT NAME	MR#	
ROVIDER/AGENCY		
Oate/Year of Service	Face to Face Mins (Client Present)	
CPT Code	Service Time (Client Not Present)	
ocation Code	Language (if language services provided)	
Ninemania Addunasadi		
iagnosis Addressed:		
rvice Description: Goal/behavi	rior addressed, therapist interventions, client's response/outcome, a	nd plan
_	_	

Printed Name/Signature & License or Job Title of Clinician Providing Service/Writing Note

Date Signed

LOCATION CODES

- A Office
- B Field (unspecified)
- **D** Hospital/IMD/SNF
- L Residential Care Adults E - Homeless/Emerg Shelter P - Phone
- **G** HealthFac/PCP/non-psych SNF
- H Client's Home **Q** – Missed Visit (non-billable)
- K Vmail/Email/Fax (non-billable) R - Residential Care - Children
 - S School
 - T Telehealth
 - W IMD/MHRC (Lockout)

X - Skilled Nursing Facility Psych (Lock)

Y - PES (Lockout)