**Financial Consultation Services**

1. Average time between referral and start of service:

1. Professional qualifications

1. Procedure to comply with standard

1. Problem notification

1. Rate

$

1. Additional charges

**Financial Consultation Services**

Please note the documents and records that will be required for the client files and/or employee files to be reviewed at the time of on-site evaluation.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Client Records Review**  Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Monitor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| Current Authorization in file |  |  |  |  |  |
| ID Info: Name, address, phone, DOB |  |  |  |  |  |
| Emergency contact(s):  Name and phone |  |  |  |  |  |
| Physician(s) name and phone |  |  |  |  |  |
| Hospital name and phone |  |  |  |  |  |
| Medical/ social diagnosis |  |  |  |  |  |
| Name of current CM/RN |  |  |  |  |  |
| Source of referral |  |  |  |  |  |
| Date of referral |  |  |  |  |  |
| Service start date |  |  |  |  |  |
| BLDG # written on referral, if applicable |  |  |  |  |  |
| Termination: date, if applicable |  |  |  |  |  |
| Comments |  |  |  |  |  |