# RH Program Enrollment Form and Billing Audit Tool

Agency: _____     Reviewer: _____     Date: _____

|  | Client #1 | Client #2 | Client #3 | Client #4 | Client #5 | Client #6 | Client #7 | Client #8 | Client #9 | Client #10 |
|---|---|---|---|---|---|---|---|---|---|---|
| Client **RH Program** Number |  |  |  |  |  |  |  |  |  |  |
| Date of Visit |  |  |  |  |  |  |  |  |  |  |
| Visit Level Billed |  |  |  |  |  |  |  |  |  |  |
| Notes Support Visit Level Billed |  |  |  |  |  |  |  |  |  |  |
| Enrollment Form Complete |  |  |  |  |  |  |  |  |  |  |
| Citizenship Verified |  |  |  |  |  |  |  |  |  |  |
| Identification Verified |  |  |  |  |  |  |  |  |  |  |
| Client Signature Date: |  |  |  |  |  |  |  |  |  |  |

Comments:

| Chart #1 | Chart #6 |
|---|---|
| Chart #2 | Chart #7 |
| Chart #3 | Chart #8 |
| Chart #4 | Chart #9 |
| Chart #5 | Chart #10 |