

Enrollment Form and Billing Audit Tool for CCare-only Clinics

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										
Chart Notes Support Cntraceptive Mgmt at 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