

---- NON-MEDICAID ----

Request for Payment

Pre-Admission Screening and Resident Review - PASRR Addictions and Mental Health Division (AMH)



Provider Name Address			Federal Tax ID	Provi	Provider Number	
Client Name		Date of Service	Procedure Code		Amount Due	
of their usual and custom T2010 PASRR Level I T 2011 PASRR Level I T1013 Sign Language/O	I MH Evaluation – Compre	ablic (OAR 309-016-0105 g, for the purpose of billi nensive Evaluation	ng, means the Resident	20). : Review/B	Total Due Brief Consultation & Screening. vice such as an assessment for the	
duration of the service. For current rates, see mo	ost recent publication of "MH	Procedural Codes and R	eimbursement Rates ar	nd Table (n	nost recent date)" at	
*	<u> </u>			`	and Mental Health at (503)945-9716.	
 Signature	 Date	 Telephone N	 Number			
		_	N (177)	1 1 5	AMH 0493 R (12/07	
For AMH Use Only			Mail To: Alondra Rogers DHS/AMH/PASRR			
			500 Summer St NE E 86 Salem, OR 97301-1118			