County of Orange Health Care Agency
Behavioral Health Services

CONFIDENTIAL PATIENT INFO
See: Cal W & I Code, Section 5328
Code of Federal Regulations, Section 42

THERAPEUTIC CHARGE ADJUSTMENT

TO: BHS Division Manager ☐ ADAS ☐ AMHS ☐ CYS Date: _____

From (Service Chief) Signature Building # Phone #

Subject: **THERAPEUTIC CHARGE ADJUSTMENT, REQUEST FOR APPROVAL OF:**

Adjustment is: ☐ Therapeutic in nature ☐ Administrative in nature Adjustment Amount Requested:

EXPLANATION OF/REASON FOR REQUEST:

Requesting Clinician Title Signature Date

Current Information Supplied by Financial Evaluator:

Client Name MRN # Date of Birth

UMDAP Anniversary Date Original UMDAP Amount UMDAP Amount Remaining Client's Current Account Balance

Requesting Facility Financial Evaluator Signature Date

Approved ☐ Denied ☐ Division Manager/Assigned Signature _____ Date _____

QIPC: Adj made ☐ UMDAP: $_____ Pt Bal: $_____ Signature _____ Date _____

F346-751 (New 10/08)