



Military OneSource Case Activity and Billing Form

Instructions: Please use CAPITAL letters. **ALL Fields are required** to ensure payment. **Submit within 30 days** of the Date of Service. One Date of Service per form. Please keep a copy for your records.

Authorized Participant Information: Last Name First Name MI

Participant's Address: Street Address City

State ZIP Code Date of Birth (mm/dd/yy) / / Participant Home Phone - -

Counselor: Last Name First Name MI

Counselor Billing Address: Street Address Apt./ Suite #

City State ZIP Code Tax ID Number:

Counselor's Phone: - - **Counselor's Signature:** _____ **Date:** _____

Authorization Number

Date of Service (mm/dd/yy) / / **Mode of Delivery:**
 Face-to-Face Video
 Telephonic Online

Statement of Understanding (SOU) Signed: Yes No (All Face-to-Face participants must sign the SOU)

Was Military ID Card viewed by provider? Yes No

Missed Appt. (or No Session): Yes No (Mark 'Yes' if Closing Case without a session or for No Show)

Type of Counseling: Individual Couples Family

Billing Type: Interim Final (If Final, then Case Closing Section is **required**)

Assessed Problem Category (Choose 1 Problem Category)	Assessed Problem (Choose 1 Problem or Issue):	
<input type="radio"/> Academic/Educational Problem	<input type="radio"/> E66.9 Overweight or Obesity	<input type="radio"/> Z62.820 Parent-Child Relational Problem
<input type="radio"/> Anger Management	<input type="radio"/> Z55.9 Academic or Educational Problem	<input type="radio"/> Z62.891 Sibling Relational Problem
<input type="radio"/> Bereavement	<input type="radio"/> Z56.82 Problem Related to Current Military Deployment Status	<input type="radio"/> Z62.898 Child Affected by Parental Relational Distress
<input type="radio"/> Deployment Related Stress	<input type="radio"/> Z56.9 Problem Related to Employment	<input type="radio"/> Z63.0 Relational Distress with Intimate Partner
<input type="radio"/> Emotional/ Behavioral Issues	<input type="radio"/> Z59.2 Discord Neighbor, Lodger, Landlord	<input type="radio"/> Z63.4 Uncomplicated Bereavement
<input type="radio"/> Employment Issue	<input type="radio"/> Z59.6 Low Income	<input type="radio"/> Z63.5 Disruption of Family by Separation/Divorce
<input type="radio"/> Health/lifestyle Issue	<input type="radio"/> Z59.9 Housing or Economic Problem	<input type="radio"/> Z65.4 Victim of Crime
<input type="radio"/> Housing Issues	<input type="radio"/> Z60.0 Phase of Life Problem	<input type="radio"/> Z65.5 Exposure to Disaster, War, or Hostilities
<input type="radio"/> Income/Financial/Resource Access Issue	<input type="radio"/> Z60.4 Social Exclusion or Rejection	<input type="radio"/> Z65.8 Religious or Spiritual Problem
<input type="radio"/> Legal Issue	<input type="radio"/> Z60.5 Target of (perceived) Discrimination or Persecution	<input type="radio"/> Z71.9 Other Counseling and Consultation
<input type="radio"/> Relational Problem	<input type="radio"/> Z62.29 Upbringing Away from Parents	<input type="radio"/> Z72.810 Child or Adolescent Antisocial Behavior
<input type="radio"/> Social Skills	<input type="radio"/> Z62.811 History of Psychological Abuse In Childhood	<input type="radio"/> Z91.411 History of Spouse or Partner Psychological Abuse
		<input type="radio"/> Z91.82 Personal History of Military Deployment

Participant: Last Name

First Name

Does participant have a DSM diagnoses?	<input type="radio"/> Yes <input type="radio"/> No (If yes, refer case to medical/mental health treatment)
Is the issue related to deployment?	<input type="radio"/> Yes <input type="radio"/> No
Is the issue related to reintegration?	<input type="radio"/> Yes <input type="radio"/> No

Risk and Functional Assessment: Indicate participant's level of impairment for each Session and at Case Closing:
0= No Evidence of Impairment 1= Mild Impairment 2= Moderate Impairment 3= Severe Impairment (significant impairment)

Member's risk to self.....	<input type="radio"/> 00 <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03	High Risk Case: <input type="radio"/> Yes <input type="radio"/> No
Member's risk to others.....	<input type="radio"/> 00 <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03	
Mood Disturbances (depression or mania).....	<input type="radio"/> 00 <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03	If High Risk = Yes: Call 800-342-9647 and document risk in Case Summary Note
Anxiety.....	<input type="radio"/> 00 <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03	
Thinking / Cognition / Memory / Concentration.....	<input type="radio"/> 00 <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03	Reviewed with MOS consultant? <input type="radio"/> Yes <input type="radio"/> No
Impulse / Reckless / Aggressive Behavior.....	<input type="radio"/> 00 <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03	
Activities of Daily Living Problems.....	<input type="radio"/> 00 <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03	If yes, w/ whom? (Consultant's name)
Medical / Physical Condition.....	<input type="radio"/> 00 <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03	
Substance Abuse / Dependence.....	<input type="radio"/> 00 <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03	Was a safety plan developed? <input type="radio"/> Yes <input type="radio"/> No
Job / School Performance.....	<input type="radio"/> 00 <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03	
Social Functioning / Relationship / Marital / Family...	<input type="radio"/> 00 <input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03	

Counseling Goals: (At least one goal is required)

1.	<input type="radio"/> Met <input type="radio"/> Partially Met <input type="radio"/> Not Met <input type="radio"/> No Change
2.	<input type="radio"/> Met <input type="radio"/> Partially Met <input type="radio"/> Not Met <input type="radio"/> No Change
3.	<input type="radio"/> Met <input type="radio"/> Partially Met <input type="radio"/> Not Met <input type="radio"/> No Change

Mental Health Treatment History Assessed <input type="radio"/> Yes <input type="radio"/> No	(Call If Current)	None/Denies	Current (<1yr)	History
Substance Abuse Treatment History Assessed <input type="radio"/> Yes <input type="radio"/> No	Domestic Violence	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
Were Strength, Skills, and Interests Assessed <input type="radio"/> Yes <input type="radio"/> No	Child Abuse/Neglect	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
Were Supports Assessed <input type="radio"/> Yes <input type="radio"/> No	Sexual Assault	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
Document critical assessment items in Case Summary Note	Sexual Abuse (of minor)	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0

Was a legally required report filed (CPS, DHS, PD, etc.)? Yes No
If Yes (Required): By Whom: _____ When: _____ Where: _____

Case Summary Note: A. Participant Presentation B. Steps Taken C. Response (Please include critical events or issues)

First and Last Session: Participant's Response To, "How would you rate the severity of your problem?" (Both questions should be related to the <i>initial Assessed Problem</i>)	<input type="radio"/> Low <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Very Severe <input type="radio"/> Do Not Know <input type="radio"/> Did Not Respond <input type="radio"/> Provider Deemed Question Inappropriate
Last Session: Participant's Response To, "How is your ability to address the issue as compared to the start of counseling?"	<input type="radio"/> Improved <input type="radio"/> Same <input type="radio"/> Lower <input type="radio"/> Did Not Respond <input type="radio"/> Provider Deemed Question Inappropriate <input type="radio"/> NA

Case Closing/Final Session (Must complete upon Case Closing/Final Session or after 30 days of no contact)

<p>Closing Reason:</p> <p><input type="radio"/> Participant's case successfully resolved</p> <p><input type="radio"/> Participant withdrew/dropped out before the completion of services</p> <p><input type="radio"/> Participant discontinued for other reasons</p> <p><input type="radio"/> Out of Scope- Escalated to Crisis</p> <p><input type="radio"/> Out of Scope- Non Crisis</p> <p>Reasons Deemed Out of Scope (If Indicated)</p> <p><input type="radio"/> Risk to Self <input type="radio"/> Risk to Others</p> <p><input type="radio"/> Currently Receiving Mental Health Tx.</p> <p><input type="radio"/> Currently Prescribed Psych. Medication</p> <p><input type="radio"/> Diagnosed w/ Mental Health Condition</p> <p><input type="radio"/> Fitness for Duty or Court Ordered</p> <p><input type="radio"/> Psych. Hospitalization <input type="radio"/> Illegal Activity</p> <p><input type="radio"/> Domestic Abuse <input type="radio"/> Child Abuse/Neglect</p> <p><input type="radio"/> Substance Abuse <input type="radio"/> Sexual Assault/Rape</p>	<p>Case Disposition:</p> <p><input type="radio"/> No Referral made to other resources</p> <p><input type="radio"/> Referral for other resources <u>accepted</u></p> <p><input type="radio"/> Referral for other resources <u>declined</u></p> <p><input type="radio"/> Did Not Keep Initial Appointment</p> <p><input type="radio"/> Discontinued Counseling</p> <p>Overall Status of Goals:</p> <p><input type="radio"/> Goals Met</p> <p><input type="radio"/> Partially Met Goals</p> <p><input type="radio"/> Goals Not Met</p> <p>Submit Electronically via ProviderConnect or Fax to 877-762-1356</p>	<p>Referral Type (check all that apply)</p> <p><input type="radio"/> No referral beyond MOS</p> <p><input type="radio"/> TRICARE</p> <p><input type="radio"/> Military Treatment Facility</p> <p><input type="radio"/> Victim Advocate</p> <p><input type="radio"/> Sexual Assault Response Coordinator</p> <p><input type="radio"/> Family Advocacy Program</p> <p><input type="radio"/> Other Medical</p> <p><input type="radio"/> Other Substance Abuse</p> <p><input type="radio"/> Other Mental Health</p> <p><input type="radio"/> Community Resource</p> <p><input type="radio"/> Red Cross</p> <p>This form is due within 30 Days of the date of service.</p>
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