



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:

<input type="radio"/> Face-to-Face	<input type="radio"/> Video
<input type="radio"/> Telephonic	<input type="radio"/> 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)

Academic/Educational Problem

Anger Management

Bereavement

Deployment Related Stress

Emotional/ Behavioral Issues

Employment Issue

Health/lifestyle Issue

Housing Issues

Income/Financial/Resource

Access Issue

Legal Issue

Relational Problem

Social Skills

Assessed Problem (Choose 1 Problem or Issue):

E66.9 Overweight or Obesity

Z55.9 Academic or Educational Problem

Z56.82 Problem Related to Current
Military Deployment Status

Z56.9 Problem Related to Employment

Z59.2 Discord Neighbor, Lodger, Landlord

Z59.6 Low Income

Z59.9 Housing or Economic Problem

Z60.0 Phase of Life Problem

Z60.4 Social Exclusion or Rejection

Z60.5 Target of (perceived)
Discrimination or Persecution

Z62.29 Upbringing Away from Parents

Z62.811 History of Psychological Abuse
In Childhood

Z62.820 Parent-Child Relational Problem

Z62.891 Sibling Relational Problem

Z62.898 Child Affected by Parental
Relational Distress

Z63.0 Relational Distress with Intimate Partner

Z63.4 Uncomplicated Bereavement

Z63.5 Disruption of Family by Separation/Divorce

Z65.4 Victim of Crime

Z65.5 Exposure to Disaster, War, or Hostilities

Z65.8 Religious or Spiritual Problem

Z71.9 Other Counseling and Consultation

Z72.810 Child or Adolescent Antisocial Behavior

Z91.411 History of Spouse or Partner
Psychological Abuse

Z91.82 Personal History of Military Deployment

Participant: Last Name

First Name

Grid for last name

Grid for first name

Does participant have a DSM diagnoses? O Yes O No (If yes, refer case to medical/mental health treatment)
Is the issue related to deployment? O Yes O No
Is the issue related to reintegration? O Yes O 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, Member's risk to others, Mood Disturbances, Anxiety, Thinking / Cognition / Memory / Concentration, Impulse / Reckless / Aggressive Behavior, Activities of Daily Living Problems, Medical / Physical Condition, Substance Abuse / Dependence, Job / School Performance, Social Functioning / Relationship / Marital / Family...
High Risk Case: O Yes O No
If High Risk = Yes: Call 800-342-9647 and document risk in Case Summary Note
Reviewed with MOS consultant? O Yes O No
If yes, w/ whom? (Consultant's name)
Was a safety plan developed? O Yes O No

Counseling Goals: (At least one goal is required)

1. O Met O Partially Met O Not Met O No Change
2. O Met O Partially Met O Not Met O No Change
3. O Met O Partially Met O Not Met O No Change

Table with 5 columns: Assessment Item, Yes/No, (Call If Current), None/Denies, Current (<1yr), History. Rows include Mental Health Treatment History, Substance Abuse Treatment History, Strength, Skills, and Interests, Supports, and Sexual Abuse (of minor).

Was a legally required report filed (CPS, DHS, PD, etc.)? O Yes O 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)

Empty box for Case Summary Note

First and Last Session: Participant's Response To, "How would you rate the severity of your problem?"
Last Session: Participant's Response To, "How is your ability to address the issue as compared to the start of counseling?"

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

Closing Reason, Case Disposition, Referral Type, Reasons Deemed Out of Scope, Overall Status of Goals, Submit Electronically via ProviderConnect or Fax to 877-762-1356, This form is due within 30 Days of the date of service.