PATIENT SERVICES SUPPLEMENTAL REPOR PLACE OF SERVICE- If Not Onsite: (J) Inpatient Hospital (K) Out								HID/LOC/SITE:			
		(O) Other	(T) Treatment Center			enter		CONTACT DATE:			
PATIENT ID#: PATIENT NAME: Last: First: MI: HOME PHONE #: NAME OF PARENT/CARETAKER: Last: First: MI:			MDCD: (Y) (N) (A) (B) (C) (M) (K)(E E BEG DT: EST. BCCTP TREATMENT END DT: MEDICAID#: M/A PART#: MEMBER#: AUTH REF:) (K)(E)	RACE: check one or more (W) White (B) Black or African American (N) American Indian or Alaska Native (A) Asian (H) Native Hawaiian or Other Pacific Islander His/Lat(Hispanic or Latino) (Y) Yes or (N) No					
		MI:	PRIMARY HEALTH PROV:				SEX: (M) (F) BIRTH DATE:				
			MEDICARE: (Y) (N) MEDICARE#:			MEDICAL RECORD#:		D#:			
			KTAP: (FOODSTA	(Y) (N) MPS: (Y) (N)						
√ OTHE 36	R THAN WIC NUTRITION Nutrition Education Clas		`	,	V			E (No Face-		, , ,	
/ CANOR	D //A/L are Dura di la ri Dilla A/A		- OTD\/04	2)		S000		Fluoride Dro Fluoride Dro			
CANCER (When Provider Bills Medicaid or OTP)(813				3)		S000					
CODE	PROCEDURE/LAB					S000		Fluoride Tab			
56 57	Screening Mammogram Diagnostic Mammogram					S000		Fluoride Wa	ter Tes	st	
58	Pap Smear							ecimen: Vell Water			
87624	•						Well [Depth: 🗆 0-50		☐ 51-100 ☐ 101-150	
76641	Breast Ultrasound - Uni	ateral –	Complete				20.0	151-	500 E	□ >500 □Unknown	
76642	Breast Ultrasound – Uni	ateral –	Limited					istern Water			
						33- City Water 34- Bottled Water					
√ MEDICAID TREATMENT FUNDS (813)							37- O				
213	Pre-cancerous Breast C		3		!						
214					PR	OVID	ER	RES	ULT/	REFERRAL/	
215 Pre-cancerous Cervical Conditions 216 Cancerous Cervical Conditions								SPE	CIME	N CODES:	
210	Cancerous Cervical Cor	IUILIONS									
√ DELIVE	ERY (803)										
71	Vaginal Delivery										
72 73	,					LHI	D DI	SCRETIONA	RY Co	odes 900 through 999	
	Iviiscamage				4						
√ PRENA	ATAL CLASS (803)										
7301	Prenatal Class/Childbirth	Class									
	•										
√ DENTA	NL (712)										
D0140	Examination by Dentist										
D1211	Dentist follow-up										
D1351	•	referral	Units								
√ DENTA	L (762) Special Project										
D1206											
√ LEAD	TESTS (When Provider Bi		aid or OTI	P)							
	(800, 803	or 810)									
L01	Lead Test Pediatric										
L02	,										
L03	Lead Test Adult Health (Age: 16 y	rs or Older	r)	-	•					