Mid-South Substance Abuse Commission
Fiscal Year End Outstanding Treatment Log
CareNet Payables Log
BLOCK GRANT FUNDING
FY 2009/2010

Program:_____

Use this form to notifiy Mid-South of any treatments that cannot be billed by October 4, 2010. Also indicate on this form any dates of service reported on the delayed billing log previously submitted to Mid-South, but have not yet been billed. Only dates of service indicated on this log will be honored for payment. **PLEASE MAKE SURE THE CORRECT FUNDING FORM IS USED. PLEASE DO NOT MIX FUNDING SOURCES ON THIS FORM. INCORRECT FORMS WILL BE RETURNED FOR CORRECTION.**

Date of Service	Client SSN	Client Name	CPT Code	CPT Code $$	Minus Co-Pay	Minus Third Party	Mid-South Portion
9/29/2005	123456789	John Test	90806	$75.00	$7.50	$0.00	$67.50
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00

Please return completed form to Jill Gawronski, Finance Assistant by **5:00 p.m.** on October 4, 2010. Phone 517 337-4406 ext. 115 Fax: 517 337-8578. Thank you.

Completed by:_____

Mid-South Substance Abuse Commission
Fiscal Year End Outstanding Treatment Log
CareNet Payables Log
ADULT BENEFIT WAIVER FUNDING
FY 2009/2010

Program:_____

Use this form to notifiy Mid-South of any treatments that cannot be billed by October 4, 2010. Also indicate on this form any dates of service reported on the delayed billing log previously submitted to Mid-South, but have not yet been billed. Only dates of service indicated on this log will be honored for payment. **PLEASE MAKE SURE THE CORRECT FUNDING FORM IS USED. PLEASE DO NOT MIX FUNDING SOURCES ON THIS FORM. INCORRECT FORMS WILL BE RETURNED FOR**

Date of Service	Client SSN	Client Name	CPT Code	CPT Code $$	Minus Co-Pay	Minus Third Party	Mid-South Portion
9/29/2005	123456789	John Test	90806	$75.00	$0.00	$0.00	$75.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
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							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00

Please return completed form to Jill Gawronski, Finance Assistant by **5:00 p.m.** on October 4, 2010. Phone 517 337-4406 ext. 115 Fax: 517 337-8578. Thank you.

Completed by:_____

Mid-South Substance Abuse Commission
Fiscal Year End Outstanding Treatment Log
CareNet Payables Log
MEDICAID FUNDING
FY 2009/2010

Program:_____

Use this form to notifiy Mid-South of any treatments that cannot be billed by noon on October 4, 2010. Also indicate on this form any dates of service reported on the delayed billing log previously submitted to Mid-South, but have not yet been billed. Only dates of service indicated on this log will be honored for payment. **PLEASE MAKE SURE THE CORRECT FUNDING FORM IS USED. PLEASE DO NOT MIX FUNDING SOURCES ON THIS FORM. INCORRECT FORMS WILL BE RETURNED FOR**

Date of Service	Client SSN	Client Name	CPT Code	CPT Code $$	Minus Co-Pay	Minus Third Party	Mid-South Portion
9/29/2005	123456789	John Test	90806	$75.00	$0.00	$0.00	$75.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
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							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00

Please return completed form to Jill Gawronski, Finance Assistant by **5:00 p.m.** on October 4, 2010. Phone 517 337-4406 ext. 115 Fax: 517 337-8578. Thank you.

Completed by:_____