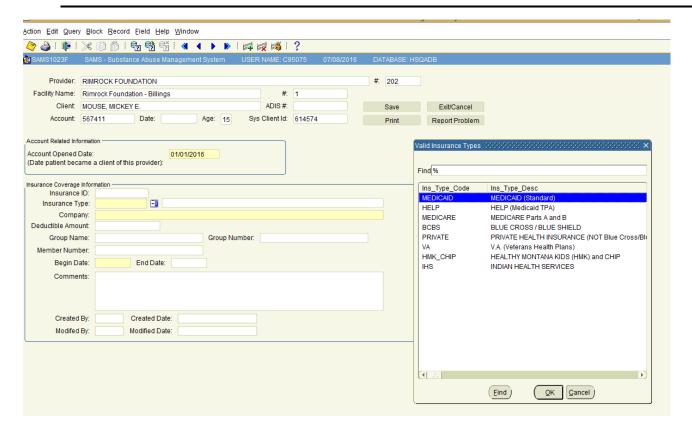
CLIENT INSURANCE SCREEN

GENERAL PROCEDURES

The Client Insurance Form is completed for each client admitted or readmitted into a treatment program with the intention of documenting insurance coverage if applicable.

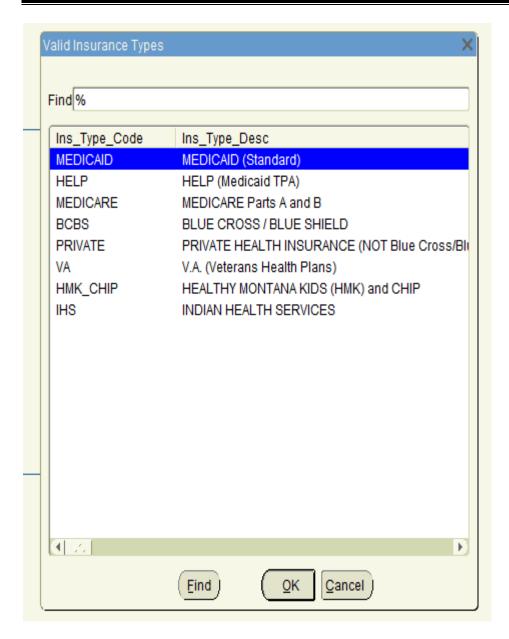
It must be updated at least annually or more often if the client's insurance coverage changes.

CLIENT INSURANCE DATA



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CLIENT INSURANCE SCREEN



<u>ACCOUNT OPENED DATE:</u> This is the start date for the current admission. Type the date in *MMDDYYYY* format. This is a required field.

<u>INSURANCE ID:</u> This is the Insurance identification number easily found on the client's identification card.

<u>INSURANCE TYPE:</u> The insurance type can be found by pulling down the drop down list. The types are shown above for your convenience. This is a required field.

COMPANY: Enter the name of the insurance company. This is a required field.

GROUP NAME: Enter the group name of the insurance company.

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CLIENT INSURANCE SCREEN

GROUP NUMBER: Enter the group number for this client and insurance company.

MEMBER NUMBER: Enter the member number for the client's insurance.

<u>BEGIN DATE:</u> Enter the date the insurance account became active. This may be the same as the Account Opened Date. Type the date in *MMDDYYYY* format. This is a required field.

<u>END DATE:</u> Enter the date the coverage will end, if available. Type the date in *MMDDYYYY* format.

<u>STATUS:</u> Mark either "Active" if the insurance is currently active or "Cancelled" if the insurance has been cancelled.

COMMENTS: Use this area for recording any needed comments about this particular record.

SUBSTANCE ABUSE MANAGEMENT SYSTEM

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