Division of Public Health Administrative Assessment Billing Review

FY: _____ Billing Review Date: _____

Health Department: _____ Financial Consultant: _____

Review 1 Medicaid, 1 Private Insurance, and 1 Self-Pay for each program/provider (FP, MH, and CH) 340B Review (3 Medicaid) & HCFA 1500s

Program: **Record:**	**Findings:**	**Comments:**
Insurance Plan		
Family Size		
Total Annual Income		
Documented Percentage of Pay		
Client/Interviewer Signed and Dated		
Sliding Fee Scale applied correctly?		
Patient charged appropriately?		
Was claim paid and/or rebilled?		
Acquisiton Cost charged appropriately?		

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