

Division of Public Health Administrative Assessment Billing Review

FY _____

Health Department	
Financial Consultant	
Billing Review Date	
<i>Review one Medicaid, One Private Insurance, and One Self-Pay each program (FP, MH, and CH)</i>	Key Y = Yes N = No (incorrect/not present) N/A = not applicable
<i>340B Review (3 Medicaid)</i>	

Family Planning	Medicaid	Insurance	Self-pay	Comments
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?				

Child Health	Medicaid	Insurance	Self-pay	Comments
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?				

Maternal Health	Medicaid	Insurance	Self-pay	Comments
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?				

340B Billing Review (3 Medicaid)	Medicaid	Medicaid	Medicaid	Comments
Acquisition Cost charged appropriately to Medicaid?				
Was claim paid and/or rebilled?				