INITIAL TREATMENT NOTIFICATION

HARMONY HEALTHCARE
PHONE (702) 405-2225 FAX (702) 366-0269

Client Name:_____ Date of Birth:_____ Age:_____ Gender:_____

Complete Address:_____Phone:_____

PT SSN_____/_____/_____ Insured Name:_____Employer:_____

Primary Insurance: _____ ID#:_____

Secondary Insurance: _____ ID#:_____

Primary Diagnosis (ICD-10/F-Code ONLY):_____ **Secondary Diagnosis (ICD-10/F-Code ONLY):_____**

Suicidal or homicidal: Yes_____ No_____ If Yes: Plan _____ Intent_____ Means_____

Depressive Symptoms: Mild____ Moderate_____ Severe_____ Crying_____ Fatigue_____ Appetite Change_____ Sleep Disturbance_____

Anxiety Symptoms: Mild____ Moderate____ Severe_____ Panic Attacks_____ Excessive Worry_____ Restless_____ Compulsive Behavior_____

Psychotic Symptoms: Paranoid_____ Delusional_____ Bizarre Behavior_____ Hallucinations: visual____ auditory____ command_____

ADHD Symptoms: Mild____ Moderate____ Severe____ Distractible____ Forgetful____ Disorganized_____ Careless_____ Fidgety_____

Aggressive Behavior: Physical_____ Verbal_____

Family/ Marital Problems: Mild_____ Moderate_____ Severe_____

Was Client Screened for Substance Abuse/ Gambling? Yes_____ No_____ Problem Indicated? Yes_____ No_____

Substance: _____ Severity: Mild_____ Moderate_____ Severe_____

Is client currently on psychotropic medication? Yes_____ No_____

Start date (*must be within 60 days of this submission*): _____

Provider Name & Title (print):_____ Fax #_____

Provider signature (***required***): _____ Date: _____

PLEASE "X" CPT CODES NEEDED:

___ 90791
___ 90834
___ 90847
___ 90853

____ (OTHER) _____

Frequency of sessions should NOT exceed 1x/week. If more than 1x/week is needed please contact Provider Services with additional information so so that we can notate the account.

PLEASE NOTE: The provider must still verify a recipient's eligibility by contacting the insurance carrier or obtaining online verification of active coverage on the day the service is provided. If you do not verify the eligibility and extent of coverage of each recipient each time services are provided, then you will risk the possibility of nonpayment for your services.