

Instructions: Please use CAPITAL letters. Complete **ALL** information to ensure prompt payment. Keep a copy for your records. If services were not pre-authorized, use CAF-2 form.

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Problem Status at Closing:

- O Resolved
- O Partially Resolved
- O Getting Worse
- O No Change
- O Not Applicable
- no referral
- O Face-to-face assessment / referral accepted
- O Assessment/referral declined
- O Did not keep initial appt.
- O Withdrew before completion
- O Community Resource O Medical Treatment

Substance Abuse Treatment

- O SA Inpatient
- O SA Intensive Outpatient
- O SA Detox Only
- O Other Substance Abuse
- Psychiatric Treatment
- O Inpatient
- O Partial Hospitalization
- O Outpatient (non-MD)
- O Outpatient (MD)
- O Other

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