



| | | | | | | | | | | |
|---------------------------------------|--|--|--|--------------------------|--|--|-------------------------------------|-------------------------------------|---------------------------|--------------------------|
| Patient Status * | | Follow-up Days | | Admission Date | | Date of Birth | Do Not Call List | | Payment Plan | |
| Discharged | | Enter a number | | Enter a date or use icon | | 1990-05-18 | <input type="radio"/> Yes | <input type="radio"/> No | Eligible | |
| Select Patient Status | | Enter a number | | Enter a date or use icon | | Enter a date or use icon | Choose Yes or No | | <input type="radio"/> Yes | <input type="radio"/> No |
| Assigned Agent | | Patient Classification | | Discharge Date | | Date of Death | Email Marketing, Opt's | | Choose Yes or No | |
| Chris Cabrera | | Select an appropriate Classification | | Enter a date or use icon | | Enter a date or use icon | <input checked="" type="radio"/> In | <input type="radio"/> Out | Payment Plan in Place | |
| Select an Agent | | Select an appropriate Classification | | Enter a date or use icon | | Enter a date or use icon | <input type="radio"/> Yes | <input type="radio"/> No | Choose In or Out | |
| Facility * | | Alumni / Aftercare Coordinator | | Cause of Death | | Enter Cause of Death | Consent to use Data | | Choose Yes or No | |
| Testing-Master (Demo Ado) | | Select an Alumni / Aftercare Coordinator | | Enter Cause of Death | | Enter Cause of Death | <input type="radio"/> Yes | <input checked="" type="radio"/> No | OTO | |
| Select a Facility | | Select an appropriate Veteran Type | | Patient Tags | | Begin typing or press to display options | FFA On File | | Choose Yes or No | |
| Student Id | | Veteran | | Patient Tags | | Begin typing or press to display options | <input type="radio"/> Yes | <input type="radio"/> No | First Responder | |
| Enter a student identification number | | Select an applicable Veteran Type | | Patient Tags | | Begin typing or press to display options | <input type="radio"/> Yes | <input type="radio"/> No | Choose Yes or No | |
| 0 / 25 | | | | | | | | | | |

Location(s)

Demo Behavioral Health Center

Choose Location(s).

| | | | | | | | | |
|-----------------------------------|-------------------|---|--------------|----------------------------|--|-----------------------------|---|-----------------------------------|
| First Name * | Last Name * | Method of Payment | | | | | | |
| Test | Middle Name | Demo | Suffix | Maiden Name | Preferred Name | Email Address | SSN | Insurance |
| Enter First Name | Enter Middle Name | Enter Last Name | Enter Suffix | Enter Maiden Name | Enter Preferred Name | Enter a valid email address | Enter 9 digit SSN | Choose appropriate Payment Method |
| Patient Gender | | Identifies As | | | Race | | Ethnicity | |
| Male | | Birth Sex | | | Pronouns | White | Hispanic or Latino | |
| Select Gender | | Select Appropriate Value | | | Enter Pronouns | 0 / 100 | Select Race | Select Ethnicity |
| Employment Status | | Employer Name | | Employer Phone | | Occupation | Preferred Language | |
| Select Employment Status | | Enter Name of Employer | | Enter a valid Phone Number | | Enter Occupation | Select Preferred Language | |
| Student Status | | Current Student Status | | | Highest Educational Level Completed | | University Attending | |
| Choose appropriate Student Status | | Choose appropriate Current Student Status | | | Choose appropriate Educational Level Completed | | Type at least 3 characters to search for University | |
| Income | | Liabilities | | | Facebook Page | | LinkedIn Profile | |
| Enter Income | | Enter Liabilities | | | Enter Facebook Page | | Enter LinkedIn Profile Page | |
| Marital Status | | Family Size | | | Residence Type | | FMLA | |
| Select a Marital Status | | Enter a number | | | Private Home | | Choose appropriate FMLA | |
| Choose appropriate Residence Type | | | | | Choose appropriate Residence Type | | | |

Phones

Patient Phones

| Country | Phone Type | Number | Primary | Ok to Leave VM | Ok to SMS | Active Phone |
|--------------------------|---------------------|--------------------|--------------------------------------|--------------------------|--------------------------------------|--------------------------|
| Select Country * | Select Type * | | | | | |
| United States of America | Mobile | (305) 458-7236 | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Select a Country | Select a Phone Type | Enter Phone Number | Is this the primary number | Ok to leave a voice mail | Ok to send SMS | Phone is active |

Treatment Opportunity

Past or Pending Admission Details



Date of Contact

2023-09-19

Enter a date or click the icon to choose.

10%

Progress

Priority

Choose a Priority from the list

Projected Admission D

Enter a date and time or click the icon to choose.

Opportunity Status *

Gathering Information

Choose a status from the list

History

Sobriety Date

Enter a date or click the icon to choose.

Care Coordinator

Chris Cabrera

Choose a care coordinator

Assigned Clinician

Assign a Clinician

Opportunity Tags

Seeking Treatment For

Alcoholism

Interested In

Detox with Residential

Opportunity Notes

Currency Country

Enter Treatment Opportunity Notes, up to 3000 characters.

United States of America

Opportunity Value

\$1,500.00

Enter a numeric value

Proposed Facility

Proposed Location *

Testing-Master (Demo Adolescent Treatment)

Demo Behavioral Health Center

Projected Length Of Stay In Days

Choose a facility from the list

Interests Treatments

Select a location from the list.

Enter a numeric value to indicate number of days.

Referred Through

Choose at least one

| Primary | Type | Referral | Tags | Actions |
|--|--------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> Is Primary | Type * | Campaign Source * | Marketing Event Source * | |

Is Primary

Marketing Event **Q1 SEO Campaigns**

Select a Referral Type from the list. Begin typing to search for a Campaign

Campaign Source * **Q1 SEO Campaigns**

Marketing Event Source * **Psychology Today (+19542803873) Tes**

Begin typing to search for a Marketing Event

[Add](#) [Marketing Event](#)

Begin typing or press to display options

Insurance List

Choose from the dropdown

Select to Associate

| Actions | Insurance Type | Payor Name | Member ID | Group Number | Plan Type | Phone | Effective Date | End Date | Authorized | Delete |
|---------|----------------|------------|-----------|--------------|-----------|-------|----------------|----------|------------|--------|
| | Primary | Aetna | 123 | 4 | | | 09/17/2023 | | | |

Communication Logs

Associate Existing Communication Logs

Select to Associate

| Created On | Log Date | Who | Contact With | Notes | View | Delete |
|------------------------|------------------------|-----|--------------|--|----------------------|--------|
| 09/19/2023 04:21 PM | 09/19/2023 08:20 PM | | Patient | Placed a call to Mr. Demo to obtain the details of his insurance so we can proceed with a VOB. | VIEW | |
| 09/19/2023 04:22 PM | 09/19/2023 08:21 PM | | Patient | Connected with Mr. Demo over zoom to complete the pre-admission assessment. | VIEW | |

Assessments

Choose from the dropdown

Select to Associate

Add an Assessment to be answered

| Assessment | Progress | Created On | Answer | Delete |
|---------------------------|----------------------------------|---------------------|--------|--------|
| Compact VOB *DO NOT EDIT* | <div style="width: 30%;">3</div> | 09/19/2023 02:50 PM | ANSWER | |

Associated Call Queue

Associate Call Queue Records

Select to Associate

| Created On | Caller Number | Caller Name | Tracking Number | Source | Remove |
|------------------------|----------------|----------------|-----------------|----------------------|--------|
| 09/19/2023 02:38 PM | (305) 458-7236 | All Management | (954) 280-3873 | KIPU Tracking Label? | |

Decision

Acceptance and Denial Attributes

Facility Accepts

Yes No

Choose Yes or No

Spoke With Prospect

Yes No

Choose Yes or No

Spoke With Alternate Contact

Yes No

Choose Yes or No

Spoke With Referrant

Yes No

Choose Yes or No

Decision Documented By

Chris Cabrera

Begin typing or press  to list users

Decision Date

Type a date or click the icon to choose a date

Communicated To Prospect

Decision Maker

Type the name of the Point of Contact

Type a date or click the icon to choose a date

Decision Communicated By

Begin typing or press  to list users

Financial Notes

Decision Notes

Enter max 500 chars

0 / 500

Enter Financial Notes

0 / 500

Addresses

Patient Addresses

| View | Name | Type | Status | Address | Effective Date | End Date |
|----------------------|------|---------|----------|---|----------------|----------|
| View | Home | Billing | Verified | 123 Test Avenue Miami, FL, 33126,USA | 09/19/2023 | |

FIRST

PREVIOUS

1

NEXT

LAST

(Page: 1 of 1) 1 records...

Contacts

Patient Contacts

No data...

| | | | | | |
|---|----------------------|------------------------------|----------------------------------|-------------------------|---|
| 09/19/2023 04:22 PM Created On | Patient Contact With | Meeting Communication Method | Web Based Communication Category | Chris Cabrera Logged By | 09/19/2023 04:21 PM Date of Communication |
| <i>Connected with Mr. Demo over zoom to complete the pre-admission assesment.</i> | | | | | |
| 09/19/2023 04:21 PM Created On | Patient Contact With | Phone Communication Method | Inbound Communication Category | Chris Cabrera Logged By | 09/19/2023 04:20 PM Date of Communication |
| <i>Placed a call to Mr. Demo to obtain the details of his insurance so we can proceed with a VOB.</i> | | | | | |
| 09/19/2023 02:45 PM Created On | Patient Contact With | Phone Communication Method | Inbound Communication Category | Chris Cabrera Logged By | 09/19/2023 02:44 PM Date of Communication |
| <i>Test Conversation Details</i> | | | | | |

| | | | | | |
|---|----------------------------|----------------------------|---|---|---------------------------------|
| 09/19/2023 02:40 PM Created On | Prospect Added Disposition | All Management Caller Name | 09/19/2023 Q1 SEO Campaigns 02:38 PM Time of Call | Psychology Today (+19542803873) Test Marketing Event | +19542803873 Tracking Number |
| <i>Test Note</i> Chris Cabrera @ 09/19/2023 02:40 PM | | | | | |

FIRST PREVIOUS 1 NEXT LAST

(Page: 1 of 1) 4 records...

DO NOT EDIT

This is a Compact VOB Form Mirroring VOB 1.0

Rep Name

Test Rep

Ref ID #

1234

Network Status

In Network

Client Full Name

DOB

Gender

Address

Select...

Subscriber Full Name

DOB

Gender

Subscriber Address

Subscriber SSN

Relationship to Client:

Select...

Funding Source

COB on file?

Last COB Update:

RTC Allowed?

OON for SA?

1 Select...

No Yes

No Yes

No Yes

Policy Type

From Date:

Paid Through Date:

Eligible Through:

ACA Grace Period:

1 Select...

Select...

In Network Accumulations:

Amount

Colns

Co-Pay

Ded

OOP

Family Ded

Family OOP

Met

Colns

Co-Pay

Ded

OOP

Family Ded

Family OOP

Remaining

Colns

Co-Pay

Ded

OOP

Family Ded

Family OOP

Out Of Network Accumulations:

Amount

Colns

Co-Pay

Ded

OOP

Family Ded

Family OOP

Met

Colns

Co-Pay

Ded

OOP

Family Ded

Family OOP

Remaining

Colns

Co-Pay

Ded

OOP

Family Ded

Family OOP

CoPay applied to deductible?

CoPay applied to OOP?

Deductible applied to OOP?

OOP Must be Met for Claims to Pay 100%?

CoPay applied per Admit?

No Yes

No Yes

No Yes

No Yes

No Yes

HSA or HDHP health plan: HSA or HRA Which Ded for reimbursement? Which OOP for reimbursement? Accumulator Carry Over Rules:

- Select... Select... Select... Select... Select...

Select Level Of Care Per Admit: Select Level Of Care Per Diem: Select Level Of Care Per Session: Co Pay / CoIns Details:

- Select... Select... Select... Select...

Benefit Coverage:

PHP Considered As: Pre-Ex Waiting Period: PHP Pre-Ex End Date:

Definition(hours/week):

- Select... Select... Select... Select...

PHP allowed at RTC IOP Considered As: IOP Allowed at RTC IOP Definition(hours/week):

- No Yes Select... No Yes Select... No Yes Select... No Yes Select...

Accreditations:

Detox IP RTC PHP / PC IOP OP

CARF No Yes No Yes No Yes No Yes No Yes No Yes No Yes

Free Standing Allowed No Yes No Yes No Yes No Yes No Yes No Yes No Yes

State Cert No Yes No Yes No Yes No Yes No Yes No Yes No Yes

TJC No Yes No Yes No Yes No Yes No Yes No Yes No Yes

Utilization Management (UM) Details:

Pre Cert Timing? UM Phone: Precert Penalty? UM Review Address:

- Select... Select... Select...

UM Outsourced? Customer Service Address: UM Outsource Company: Provider Relations Address: Is Facility In-Network?

No Yes

No Yes

UM Appeal URL:

UM Appeal Filing
Limit:

UM Appeal Level

UM Appeal Protocol:

Single Case Agreements
Allowed?

No Yes

Substance Abuse Claims

Payor ID

Payor Name

Benefit Payor

Claims Payor ID

Member #

Group #

SA Claims Address:

Repricing

Payor ID

Payor Name

Benefit Payor

Claims Payor ID

Member #

Group #

Filing Limit:

Additional Benefit Details:

Notes

Repricing Claims Address