

Patient Status \*

Discharged

Select Patient Status

Follow-up Days

Enter a number

Admission Date

Enter a date or use icon

Date of Birth

1990-05-18

Enter a date or use icon

Do Not Call List

☐ Yes ☐ No

Choose Yes or No

Payment Plan Eligible

☐ Yes ☐ No

Choose Yes or No

Assigned Agent

Chris Cabrera

Select an Agent

Patient Classification

Select an appropriate Classification

Discharge Date

Enter a date or use icon

Date of Death

Enter a date or use icon

Email Marketing, Opts

☒ In ☐ Out

Choose In or Out

Payment Plan in Place

☐ Yes ☐ No

Choose Yes or No

Facility \*

Testing-Master (Demo Adole

Select a Facility

Alumni / Aftercare Coordin

Select an Alumni / Aftercare Coordinator

Cause of Death

Enter Cause of Death

Consent to use Data

☐ Yes ☐ No

Choose Yes or No

☐ Yes ☒ No

Choose Yes or No

Student Id

Enter a student identification number0 / 25

Veteran

Select an applicable Veteran Type

Patient Tags

Begin typing or press to display options

Location(s)

Demo Behavioral Health Center

Choose Location(s).

First Name \*

Test

Enter First Name

Middle Name

Enter Middle Name

Last Name \*

Demo

Enter Last Name

Suffix

Enter Suffix

Maiden Name

Enter Maiden Name

Preferred Name

Enter Preferred Name

Email Address

Enter a valid email address

SSN

Enter 9 digit SSN

Method of Payment

Insurance

Choose appropriate Payment Method

Patient Gender

Male

Select Gender

Identifies As

Birth Sex

Select Appropriate Value

Pronouns

Enter Pronouns0 / 100

Race

White

Select Race

Ethnicity

Hispanic or Latino

Select Ethnicity

Employment Status

Select Employment Status

Employer Name

Enter Name of Employer

Employer Phone

Enter a valid Phone Number

Occupation

Enter Occupation

Preferred Language

Select Preferred Language

Student Status

Choose appropriate Student Status

Current Student Status

Choose appropriate Current Student Status

Highest Educational Level Completed

Choose appropriate Educational Level Completed

University Attending

Type at least 3 characters to search for University

Income

Enter Income

Liabilities

Enter Liabilities

Facebook Page

Enter Facebook Page

LinkedIn Profile

Enter LinkedIn Profile Page

Marital Status

Select a Marital Status

Family Size

Enter a number

Residence Type

Private Home

Choose appropriate Residence Type

FMLA

Choose appropriate FMLA

Phones

Patient Phones

Country

Select Country \*

Phone Type

Select Type \*

Number

(305) 458-7236

Enter Phone Number

Primary

☒ Yes ☐ No  
Is this the primary number

Ok to Leave VM

☒ Yes ☐ No  
Ok to leave a voice mail

Ok to SMS

☐ Yes ☒ No  
Ok to send SMS

Active Phone

☒ Yes ☐ No  
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.

Projected Admission D

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

Sobriety Date

Enter a date or click the icon to choose.

10%

Progress

Priority

Choose a Priority from the list

Opportunity Status \*

Gathering Information

Choose a status from the list

History

Care Coordinator

Chris Cabrera

Choose a care coordinator

Assigned Clinician

Assign a Clinician

Opportunity Tags

Begin typing or press to display options

Seeking Treatment For

Alcoholism

Begin typing or press to display options

Interested In

Detox with Residential

Begin typing or press to display options

Opportunity Notes

Test Notes

Enter Treatment Opportunity Notes, up to 3000 characters.

10 / 3000

Currency Country

United States of America

Select a country from the list

Opportunity Value

\$1,500.00

Enter a numeric value

Proposed Facility

Testing-Master (Demo Adolescent Treatment)

Choose a facility from the list

Proposed Location \*

Demo Behavioral Health Center

Choose a location from the list.

Projected Length Of Stay In Days

Enter a numeric value to indicate number of days.

Interests

Treatments

Referred Through

Choose at least one

Primary	Type	Referral	Tags	Actions
<div><div></div><div>Is Primary</div></div>	<div>Type*</div> <div>Marketing Event</div> <div>Select a Referral Type from the list.</div>	<div>Campaign Source *</div> <div>Q1 SEO Campaigns</div> <div>Begin typing to search for a Campaign</div>	<div>Marketing Event Source *</div> <div>Psychology Today (+19542803873) Tes</div> <div>Begin typing to search for a Marketing Event</div> <div>Add Marketing Event</div>	<div>Begin typing or press to display options</div>

Insurance List

Choose from the dropdown

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

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 assesment.	VIEW	

Assessments

Choose from the dropdown

Assessment	Progress	Created On	Answer	Delete
Compact VOB *DO NOT EDIT*	<div>3</div>	09/19/2023 02:50 PM	ANSWER	

Associated Call Queue

Associate Call Queue Records

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?	

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 Notes

Enter max 500 chars

Decision Documented By

Chris Cabrera

Begin typing or press to list users

Decision Maker

Type the name of the Point of Contact

Decision Communicated By

Begin typing or press to list users

Decision Date

Type a date or click the icon to choose a date

Communicated To Prospect

Type a date or click the icon to choose a date

Financial Notes

Enter Financial Notes

0 / 500

0 / 500

Addresses

Patient Addresses

View		Name		Type	Status	Address	Effective Date	End Date
<a href="#">View</a>		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...

## Activity



## Call Queue



## Form Queue



## Comm Logs

☐

## Patient Notes

☐

Email

☐

## Tasks

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
Connected with Mr. Demo over zoom to complete the pre-admission assesment.					
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
Placed a call to Mr. Demo to obtain the details of his insurance so we can proceed with a VOB.					
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
Test Conversation Details					
09/19/2023 02:40 PM Created On	Prospect Added Disposition	All Management Caller Name	09/19/2023 Q1 SEO Campaigns 02:38 PM Campaign Time of Call	Psychology Today (+19542803873) Test Marketing Event	+19542803873 Tracking Number
Test Note Chris Cabrera @ 09/19/2023 02:40 PM					



**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...

NoYes

NoYes

NoYes

Policy Type

From Date:

Paid Through Date:

Eligible Through:

ACA Grace Period:

1

Select...

Select...

In Network Accumulations:

Colns

Co-Pay

Ded

OOP

Family Ded

Family OOP

Amount

Met

Remaining

Out Of Network Accumulations:

Colns

Co-Pay

Ded

OOP

Family Ded

Family OOP

Amount

Met

Remaining

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?

-

NoYes

NoYes

NoYes

NoYes

NoYes



HSA or HDHP health plan:	HSA or HRA Balance	Which Ded for reimbursement?	Which OOP for reimbursement?	Accumulator Carry Over Rules:
-	<div>Select...</div>	<div></div>	<div>Select...</div>	<div>Select...</div>
	Select Level Of Care Per Admit:	Select Level Of Care Per Diem:	Select Level Of Care Per Session:	Co Pay / Colns Details:
-	<div></div>	<div></div>	<div></div>	<div></div>

Benefit Coverage:

	PHP Considered As:	Pre-Ex Waiting Period:	PHP Definition(hours/week):	Pre-Ex End Date:
-	<div>Select...</div>	<div></div>	<div></div>	<div></div>
	PHP allowed at RTC	IOP Considered As:	IOP Allowed at RTC	IOP Definition(hours/week):
-	<div>NoYes</div>	<div>Select...</div>	<div>NoYes</div>	<div></div>

Accreditations:

	Detox	IP	RTC	PHP / PC	IOP	OP
CARF	<div>NoYes</div>	<div>NoYes</div>	<div>NoYes</div>	<div>NoYes</div>	<div>NoYes</div>	<div>NoYes</div>
Free Standing Allowed	<div>NoYes</div>	<div>NoYes</div>	<div>NoYes</div>	<div>NoYes</div>	<div>NoYes</div>	<div>NoYes</div>
State Cert	<div>NoYes</div>	<div>NoYes</div>	<div>NoYes</div>	<div>NoYes</div>	<div>NoYes</div>	<div>NoYes</div>
TJC	<div>NoYes</div>	<div>NoYes</div>	<div>NoYes</div>	<div>NoYes</div>	<div>NoYes</div>	<div>NoYes</div>

Utilization Management (UM) Details:

	Pre Cert Timing?	UM Phone:	Precert Penalty?	UM Review Address:
-	<div></div>	<div></div>	<div></div>	<div></div>
	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

Benefity Payor

Claims Payor ID

-

Member #

Group #

SA Claims Address:

-

Repricing

Payor ID

Payor Name

Benefity Payor

Claims Payor ID

Member #

Group #

-

Filing Limit:

Additional Benefit Details:

Notes

Repricing Claims Address

-