

BHPN ADDENDUM REPORT TEMPLATE

01 NOVEMBER 2019

🔒 HEADER ----- 2

1. Client Full Name
2. Patient Insured ID


☰ CLIENT INFORMATION ----- 3

1. Provider Full Name
2. Client Full Name
3. Patient Insured ID
4. Client Birth Date
5. Contact Full Name
6. Client Address
7. Client Home Phone
8. Client Claims Diagnosis

☰ AUTHORIZATION REQUEST ----- 6

1. Provider Full Name
2. Provider Credentials
3. Provider Occupation

🔒 HEADER -----

	Client Name: <input type="text" value="Client Full Name"/> ← 1
	MRN: <input type="text" value="Patient Insured Id"/> ← 2
	Date of Report: <input type="text" value="Date"/> 📅
	Addendum Report: <input type="text" value="Date"/> 📅

1. Pulls from the [Basics section](#) of the client's profile. ↴

Navigate to client's account > Profile > Basics

First Name	<input type="text" value="First"/>
MI	<input type="text" value="Middle Initial"/>
Last Name	<input type="text" value="Last"/>

2. Patient insured ID listed under client's [payor profile](#). ↴

Navigate to client's account > Profile > Payors > Add or edit payor > Patient

Insured ID	<input type="text" value="Insured ID"/> ↻
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☰ CLIENT INFORMATION -----

Provider Name OR 1	Provider Full Name
Provider Logo (optional)	

Client Full Legal Name: 2	Client Full Name
Medical Record Number: 3	Patient Insured Id
Date of Birth: 4	Client Birth Date
Client Age in Years, Months: (e.g., 02 years, 08 months)	02 years, 08 months
Date of Report:	Date
Parent/Guardian Name: 5	Contact Full Name
Parent/ Guardian Address: 6	Client Address
Out of Service Area (OOSA) Yes or No: <input type="checkbox"/> : (If Yes, provide area)	Text box
Phone Number: 7	Client Home Phone
KP Case Manager Name:	Text box
BHPN Clinical Case Manager Name (if known):	Text box
Treatment Team (include contact email and phone for supervisor):	Text area
Diagnosis (listed on authorization)	
Client Claims Diagnosis 8	

Provider Full Name 1. Pulls from the [Basics section](#) of the employee's profile. ↓

Navigate to employee's account > Profile > Basics

First Name	First
MI	Middle Initial
Last Name	Last

Client Full Name 2. Pulls from the [Basics section](#) of the client's profile. ↴

Navigate to client's account > Profile > Basics

First Name	First
MI	Middle Initial
Last Name	Last

Patient Insured Id 3. Patient insured ID listed under client's [payor profile](#). ↴

Navigate to client's account > Profile > Payors > Add or edit payor > Patient

Insured ID	Insured ID	↻
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Client Birth Date 4. Pulls from the [Basics section](#) of the client's profile. ↴

Navigate to client's account > Profile > Basics

DOB	mm	dd	yyyy
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Contact Full Name 5. Pulls from the [Basics section](#) of the client's profile. ↴

Navigate to client's account > Profile > Basics

Parent/Guardian First Name	Parent/Guardian First Name
Parent/Guardian Last Name	Parent/Guardian Last Name

Client Address 6. Pulls from the [Basics section](#) of the client's profile. ↴

Navigate to client's account > Profile > Basics > Address

Address	<input type="text" value="Address"/>
Address #2	<input type="text" value="Address #2"/>
City	<input type="text" value="City"/>
State	<input type="text" value="State"/> <input type="checkbox"/> Outside of the US?
Zip/Postal Code	<input type="text" value="Zip/Postal Code"/>

Client Home Phone 7. Pulls from the [Basics section](#) of the client's profile. ↴

Navigate to client's account > Profile > Basics > Address

Home	<input type="text" value="000"/>	<input type="text" value="000"/>	<input type="text" value="0000"/>	<input type="text" value="Opt description"/>
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Client Claims Diagnosis 8. Diagnosis code listed [within client's authorization](#). ↴

Diagnosis Codes 	<input type="text" value="Search for ICD-9 and ICD-10 diagnosis codes"/>
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≡ AUTHORIZATION REQUEST -----

Please contact us or your [BHPN Clinical Case Manager](#) at 855-843-2476 (855-the-BHPN) directly with any additional questions or comments related to this report.

Respectfully Submitted,

The screenshot shows a form with a grey header bar containing the text "Respectfully Submitted," followed by a "Provider Signature" field with a pencil icon. Below this is a row of four fields: "Provider Full Name", "Provider Credentials", "Provider Occupation", and "License/Cert.#" with a pencil icon. Three red arrows originate from numbered circles (1, 2, 3) and point to the "Provider Signature", "Provider Credentials", and "Provider Occupation" fields respectively.

Provider Full Name 1. Pulls from the [Basics section](#) of the employee's profile. ↴

Navigate to employee's account > Profile > Basics

The screenshot shows the "Basics" section of an employee profile, enclosed in a red dashed border. It contains three input fields: "First Name" with the value "First", "MI" with the value "Middle Initial", and "Last Name" with the value "Last".

Provider Credentials 2. Pulls from the [Basics section](#) of the employee's profile. ↴

Navigate to employee's account > Profile > Basics

The screenshot shows the "Basics" section of an employee profile, enclosed in a red dashed border. The "Credentials" field is highlighted, showing the value "BCBA MA etc" and a sub-label "(e.g. PhD, MA, etc.)".

Provider Occupation 3. Pulls from the [Basics section](#) of the employee's profile. ↴

Navigate to employee's account > Profile > Basics

The screenshot shows the "Basics" section of an employee profile, enclosed in a red dashed border. The "Occupation" field is highlighted, showing the value "Occupation".