Clear Form

DEPARTMENT OF HUMAN SERVICES

DHS-3070-ENG 10-18

Service Agreement

1. DOCUMENT CONTROL NUMBER

55555

ASA1 SCREEN GENERAL INFORMATION

2. AGMT TYPE

3. AGMT START DATE

4. AGMT END DATE

5. TOTAL AUTH AMOUNT

6. RECIPIENT LAST NAME

7. RECIPIENT FIRST NAME

8. MI

9. RECIPIENT ID NBR

10. BIRTHDATE

11. CASE MNGR NBR

ASA2 SCREEN INFORMATION

12. PCA COMPLEX (Y/N)

13. REASON CODES

14. SEND RECIPIENT LETTER (Y/N)

15. AC FEE PAYMENT METHOD

16. AC PARTIAL PAYMENT

17. AC REQUIRED FEE AMOUNT

18. AC FEE EFF DT (MM/YY)

19. RESPONSIBLE PARTY (Y/N)

20. FISCAL INT (Y/N)

21. LIVES W/RESP PARTY (Y/N)

22. EXCLUDED TIME (Y/N)

23. RESPONSIBLE PARTY NAME

24. SERVICE COMMENTS

25. PROC CODE

26. MOD 1 / 27. MOD 2 / 28. MOD 3 / 29. MOD 4

30. ORDERING NPI

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32. END DATE

33. RATE/UNIT

34. TOTAL UNITS

35. TOTAL AMOUNT

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