

**STATE OF FLORIDA
SUBSTANCE ABUSE & MENTAL HEALTH
NON-CLIENT SPECIFIC EVENT FORM**

(* **Mandatory Fields**)

(Reference: Chapter 11, DCF Pam 155-2)

Client's Name:

1. *CONTRACTOR IDENTIFIER: _____ - _____ <small>Federal Tax Identification number</small>	Page 11 - 4
2. *SITE IDENTIFIER: ____ ____	Page 11 - 4
3. *CLIENT SSN: _____ - _____ - _____ <small>The SSN must be 9 digits without dashes. It cannot start with 000 or 999. If unavailable use Pseudo-social. Instructions in SAMH Pamphlet</small>	Page 11 - 4
4. *SERVICE COUNTY: ____ ____	Page 11 - 4
5. *AGE GROUP: ____ [1] Under 3 [3] 6 to 10 [5] 15 to 17 [7] 22 or Older [2] 3 to 5 [4] 11 to 14 [6] 18 to 21	Page 11 - 4
6. *FACILITY TYPE: ____ [1] Drop In [2] Information & Referral [3] Outreach [4] 11 to 14 [5] 15 to 17 [6] 18 to 21 [7] 22 or Older	Page 11 - 4
7. *FUND: ____ [2] SAMH [3] TANF [5] Local Match Only [B] Title 21	Page 11 - 4
8. *PROGRAM TYPE: ____ [1] Mental Health [2] Substance Abuse	Page 11 - 4
9. *COVERED SERVICE: ____ ____ (See Appendix 5, pages 3 & 4 for codes)	Page 11 - 5
10. *PROCEDURE CODE: _____ (Refer to Appendix 1 for codes)	Page 11 - 5
11. *SERVICE DATE: _____ (Format = YYYYMMDD)	Page 11 - 5
12. *UNIT: ____ ____ ____	Page 11 - 5
13. PRIMARY SERVICE: ____ ____ ____ (Mandatory only if Covered Service = 30 Info & Referral)	Page 11 - 5
14. PARTICIPANTS: _____	Page 11 - 5
15. *STAFF ID: _____ - _____	Page 11 - 5
16. PROVIDER INFORMATION: _____	Page 11 - 5
17. *CONTRACT NUMBER: _____	Page 11 - 6
18. *PROVIDERID: _____ - _____	Page 11 - 6
19. MODIFIER 1: ____ ____	Page 11 - 6
20. BLANK: ____ Must be space filled	Page 11 - 6
21. MODIFIER 2: ____ ____	Page 11 - 6

22. BLANK: _____	Must be space filled Page 11 – 6
23. MODIFIER 3: _____	Page 11 – 6
24. BLANK: _____	Must be space filled Page 11 – 6
25. *MODIFIER 4: _____	(Refer to Appendix 2) Page 11 – 6
26. CONTRACTOR NPI: _____	Page 11 – 6
27. PROVIDER NPI: _____	Page 11 – 6
28. *SERVICE BILLED AMOUNT: _____	(non-bundled svcs) Page 11 – 6
29. *SERVICE PAID AMOUNT: _____	(non-bundled svcs) Page 11 – 6
30. CONTRACT NUMBER 2: _____	Page 11 – 7
Signature: _____ Date: ____/____/____	