---- NON-MEDICAID ----

Request for Payment

Pre-Admission Screening and Resident Review - PASRR

Addictions and Mental Health Division (AMH)

Provider Name Address	**Federal Tax ID**	**Provider Number**

Client Name	Date of Service	Procedure Code	Amount Due

Total Due _____

Providers must bill at rates based on the cost of services determined through a cost allocation plan, not in excess of their usual and customary charge to the general public (OAR 309-016-0105 and OAR 309-016-0420).

T2010 PASRR Level I Identification and Screening, for the purpose of billing, means the Resident Review/Brief Consultation & Screening.

T 2011 PASRR Level II MH Evaluation – Comprehensive Evaluation

T1013 Sign Language/Oral interpreter services are allowed only when provided in conjunction with another service such as an assessment for the duration of the service.

For current rates, see most recent publication of "MH Procedural Codes and Reimbursement Rates and Table (most recent date)" at www.oregon.gov/DHS/mental health/publications/main.shtml. For additional billing forms contact Addictions and Mental Health at (503)945-9716.

_____ _____ _____

Signature **Date** **Telephone Number**

AMH 0493 R (12/07)

For AMH Use Only

Mail To: Alondra Rogers
DHS/AMH/PASRR
500 Summer St NE E 86
Salem, OR 97301-1118