COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

DAILY SERVICE LOG v.3

CONFIDENTIAL CLIENT INFORMATION | CALIFORNIA WELFARE & INSTITUTIONS CODE SEC. 5238

Provider #: _____

Activity Date: _____

Rendering Provider: _____

Staff Code: _____

☐ Day Treatment ☐ Outpatient

RENDERING PROVIDER										OTHER PARTICIPATING STAFF						
Client ID #	Client Last Name & First Initial	Service Location Code	Telephone	Procedure Code	* EBP/Srv Strategies Enter Code(s)	Face to Face		Other Time		Col	Employee Name Last Name, First Initial	Total Time		Bill Medi-Cal	Bill Medi-care	**Plan/ Funding Source
						Hr	Min	Hr	Min			Hr	Min			
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Rendering Provider:_____ **Date Received:**_____/_____/_____ **Entered By:**_____

Signature

Daily Srv Log-LP Contract v.3.3
Rev. 7/15/2008 - et

* For a list of Evidence-Based Practices (EBP)/Service Strategies, please see the Codes Manual or download EBP/Service Strategy Codes at:

http://dmh.lacounty.gov/hipaa/cp_ISForms_Clinical.htm

*****For MHSA providers, please indicate the full name of the Plan/Funding Source, i.e.,***
FSP, Non FSP, Family Support, Wellness Center/Family Focused (WC/FF), FCCS

MH225-CP3