

Billing Extension Form

(For CAMHD Approval to Invoice for Services Beyond 120-to-365 Days from Date of Service)

1. Justification for Invoice Exception:

a. Exemption Reason (select one or more and explain):

- i. Documented Staff Shortage
- ii. New System Conversion
- iii. Documented Billing Issue
- iv. Other:

b. Explain in Detail the Reason(s) Given Above:

c. Request Submitted By:

d. Request Approved by Agency Executive Director:

e. Date Requested:

2. Complete List of Request Details:

a. Invoice Date (specific to one month & one level of care):

i. Month of Service:

ii. Level of Care:

3. Approval/Denial:

a. Request Handled By:

i. **MIS Initial Review:** (Helpdesk/Chad/Blake)

1. Request Information Complete: Yes No

2. Details:

ii. **Complete Review:** (Carol/Derek/Dana)

1. Approved/Denied: Yes No

2. Details:

iii. **Added Review:** (Compliance Committee)

1. Approved/Denied: Yes No

2. Details:

b. Final Approval Date:

c. Date Communicated to Provider:

4. **Note:** The Billing Exception Request process is to be reviewed every 6-months by CAMHD for applicability, by the Compliance Committee. The exceptions may or may not be granted in the future by the Committee.