|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  **Client Name** | **Date** | **Direct Client Contact****(Minutes)** | **Case work****(Minutes)** | **Training Related to SOC****(Hours)** | **School Meetings****(Hours)** | **Marketing\****Outreach****(Hours)** | **Mileage** | **# Attempted Contacts with Referred Family** | **# No Shows** **For Active Clients** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **MONTHLY TOTALS** |  |  |  |  |  |  |  |  |  |

**Southern Plains Behavioral Health Services**

**Systems of Care**

**Billing Log**

Employee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Active Family:** for the first 2 months, minimum of one face-to-face 30-minute contact

 After the initial 2 months, minimum of one face-to-face 15-minute contact and at least one other contact (phone, text, email)

Telehealth is considered a face-to-face contact.