



Board of Behavioral Sciences
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834
 Telephone: (916) 574-7830
 www.bbs.ca.gov



BILLING MONITOR QUARTERLY REPORT

TYPE OR PRINT CLEARLY IN INK

QUARTERLY REPORTING PERIOD (Check appropriate box):

1. January 1 – March 31 (Due April 10)
2. April 1 – June 30 (Due July 10)
3. July 1 – September 30 (Due October 10)
4. October 1 – December 31 (Due January 10)
5. For the first and last Quarterly Report **only**, list the quarterly reporting period:
 from _____ to _____

NOTE: For the first and last Quarterly Reports, which may only be a portion of one of the quarterly reporting periods listed above, choose #5 and list the actual dates of the reporting period.

BOARD PROBATIONER / LICENSEE INFORMATION (for whom you provide billing monitoring services)

Name: _____ License Number: _____

If No, attach a separate sheet providing an explanation.

BILLING MONITOR INFORMATION

Name: _____ License Number: _____

Address of Record: _____
 (number and street, city, state, zip code)

Address where billing monitoring occurred: _____
 (number and street, city, state, zip code)

Telephone Number: _____ Email Address: _____

1. In this quarter, have you held a current, active, and unrestricted California license to practice psychotherapy or psychological counseling? Yes No

If No, attach a separate sheet providing an explanation.

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BILLING MONITOR INFORMATION (continued)

2. In this quarter, have you been the subject of any disciplinary action¹ against your license?

Yes No

If Yes, attach a separate sheet providing an explanation.

BILLING MONITORING

1. In this quarter, did you perform billing monitoring services with the Board probationer / licensee?

Yes No

If Yes, specify the date, time, and the length of time that billing monitoring occurred on each date:

If No, attach a separate sheet with an explanation.

2. Were the billing monitoring services listed in #1. above consistent with your Board-approved billing monitoring plan? Yes No

If No, attach a separate sheet with an explanation.

3. Were any billing monitoring sessions missed or cancelled? Yes No

If Yes, attach a separate sheet listing the date(s) and reason(s) for each missed or cancelled session.

4. Do you have signed and dated Notification to Clients and Release of Information documents for all of the Board probationer's clients? Yes No

If No, attach a separate sheet with an explanation.

5. Total number of clients seen by Board probationer during this quarter: _____

¹ Examples of disciplinary action include, but are not limited to, when a Board-issued license or registration is on probation, revoked, suspended, reprobated, censured, reprimanded, restricted, limited or conditioned.

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BILLING MONITORING (continued)

6. Total number of Board probationer's client files that you reviewed during this quarter: _____

6a. Did you randomly select the files listed in 6. Above? Yes No

If No, attach a separate sheet with an explanation.

7. Did each client file that you reviewed contain documentation demonstrating that, prior to the client being billed for and/or paying for each service rendered by the Board probationer, the client signed documentation acknowledging the date and time of service, service provided, and amount charged?

Yes No

If No, attach a separate sheet with an explanation.

8. Have you identified any problem area(s) with the Board probationer's billing practices? Yes No

If Yes, attach a separate sheet identifying the problem area(s), how it/they are being addressed, and whether the problem areas have been resolved.

**ATTACH ADDITIONAL SHEETS IF MORE SPACE IS NEEDED AND/OR
IF FURTHER EXPLANATION IS REQUIRED.**

DECLARATION

I declare under penalty of perjury under the laws of the State of California that all statements within, and all documents attached in support of this Quarterly Report, contain true, correct, and complete information. I understand that, if I discover inappropriate billing practices by the Board probationer, I must report them immediately to the Board of Behavioral Sciences.

SIGNATURE

DATE