

# St. Clair County Community Mental Health



## Location Maintenance

Location Name: \_\_\_\_\_  
*(List only 1 location per page)*

Location Number: \_\_\_\_\_  
*(Fill out additional form(s) if there is more than 1 location number)*

Location End Date: \_\_\_\_\_  
*(Place N/A on the line above if only Adding, Updating, or End-Dating Codes/Fees below)*

**CPT Code/Modifier and Rate Changes:**

CPT Code	Modifier <i>(if applicable)</i>	Contract Rate	Internal Rate <i>(Direct Operated Locations)</i>	Add Effective Date	Update Effective Date	End Date

Contract Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received by Data Management: \_\_\_\_\_

Date Entered into OASIS: \_\_\_\_\_

Data Entry Staff Initials: \_\_\_\_\_

- cc: Karen Farr  
 Heather Grybowski  
 Jennifer O'Dell  
 Dana Pemberton-Sergent  
 Irene Schuck (Residential Only)  
 Tammy Sparks  
 Denise Choiniere  
 Amy Jacobs