

Employment and Community First CHOICES Benefits Counseling Service Log Template

Member information				
Member name:				
Member identification number:				
Counseling provider information				
Provider name:				
Provider identification number:				
Benefits counselor name:				
Benefits counselor phone:				
Email:				
Date authorization for service received:				
Service completion date:				
Date of service:	Activity: (Topics of information/education provided, assessments performed, specific concerns that were addressed, etc.)	Who received the counseling? (Enter all that apply: member, conservator, family member, etc.)	Type of counseling provided: (Initial, supplementary or practical registered nurse problem-solving)	Time spent completing activity: (In quarter hours)

At the completion of the service, email completed service logs and a copy of the *Benefits Assessment Summary Report* to AGP_ECF_ProgressReports@amerigroup.com.

Important note: You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.