Purpose of Form

Form 04FT001E is used by for profit therapeutic foster care (TFC) agency foster parents to bill Oklahoma Department of Human Services (OKDHS) Children and Family Services Division (CFSD) for room and board services when providing services to children in OKDHS custody.

Instructions

The service provider prepares the form in triplicate. **DO NOT** reduce the size of this form or the font. **DO NOT** print form in portrait orientation. **Doing so will impede efficient and accurate claims processing. All claims must be complete and correct before submitting for payment. Incomplete or incorrect forms will be returned for correction and may delay payment.**

Month: Enter the month for services claimed.

Year: Enter the year for services claimed.

Contract number: Enter the contract number under which the services were provided.

KK number: Enter the eight-digit OKDHS KIDS assigned case number of the child receiving services.

Exact case name of child: Enter the **exact case**, last name, first name, and middle initial, of the child receiving services. For example, Richard Jones must not be entered as Dick Jones.

Claims must be submitted with the residents listed in alphabetical order.

M, C, or D number and person code: Enter the appropriate M, C, or D prefix and the assigned six-digit medical number, followed by a hyphen, and the assigned two-digit person code of the child receiving services.

Medicaid client ID number: Enter the number assigned to the child.

Dates of service: Enter two digits for the first day and two digits for the last day of the month claimed. For example, 07-01 to 07-31. If the child was admitted after the first day of the month or was discharged before the last day of the month, enter the exact dates of placement. For example, 07-10 to 07-31, for a child admitted after the first day of the month or 07-01 to 07-21 for a child discharged before the last day of the month. A separate claim is required for each month for which services are claimed. **Not all months have 31 days.**

Total leave days: Enter total number of leave days taken by the child during the month of services provided.

Total number days: Enter total number of days services claimed for the child.

Leave days: Cross out or circle actual dates of the month the child was in leave status.

Total days: Enter total number of days claimed for all children provided services.

Total claimed: Enter total amount (total days x rate) for services claimed.

Routing

Original – mail in batches to:

Oklahoma Department of Human Services
Attention: CFSD Administrative Services Unit
P. O. Box 25352
Oklahoma City, OK 73125

Copy – TFC agency
Copy – TFC parent