

Sacramento County Electronic Utilization Review Tool

Client Name: _____ Client ID: _____

EUR SUPPLEMENTAL WORKSHEET Progress Notes To Be Amended or Disallowed

UR Reviewer: Identified Issues						Provider: Response/Corrective Actions				
	Date	Procedure Code	Units	Select one <input checked="" type="checkbox"/>		Reason for Amending or Disallowing	Select one <input checked="" type="checkbox"/>			Comment
				Edit/Amend	Disallow		Override Service Detail	OCDR	CCS	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

****Provider must submit this supplemental worksheet with the corrected McFloop****

Sacramento County Electronic Utilization Review Tool

Client Name: _____ Client ID: _____

EUR SUPPLEMENTAL WORKSHEET (L12) Progress Notes To Be Appended or Disallowed

UR Reviewer: Identified Issues						Provider: Response/Corrective Actions				
	Date	Procedure Code	Units	Select one <input checked="" type="checkbox"/>		Reason for Amending or Disallowing	Select one <input checked="" type="checkbox"/>			Comment
				Edit/Amend	Disallow		Override Service Detail	OCDR	CCS	
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

****Provider must submit this supplemental worksheet with the corrected McFloop****