

PFC Monthly Services Log



Agency		Month/Year	
Last Name		First Name	
		CCS#	

Service Description	Procedure Code	Date of Service	Number of Units/Hours Used	Service Provider Name	SAR Date	SAR Number of Unit Authorized	Number of Units Used This Month	Number of Units Remaining (as related to SAR)	Location of Care* (H, S, C, PO, TH)	Remarks/Notes

*Location of Care Reference Key: **H**- Home, **S** – School, **C**- Clinic, **PO** - Physician Office, **TH** Telehealth

- Agency** - Name of Agency
- Client Name** – Client’s last and first name
- CCS Number** – The client’s California Children’s Services (CCS) Number
- Service Description** – Type of service being provided (e.g. Care Coordination)
- Procedure Code** – Procedure code authorized and used (e.g. Care Coordination)
- Date of Service** – The date of service
- Number of Units/Hours Used** - The total number of units used within the timeframe, or for care coordination and family counseling, the number of hours used
- SAR Dates** - The SAR dates provided within the given timeframe of service
- SAR Number of Units Authorized** - The total amount of SAR units that were authorized
- Number of Units Remaining** (as related to the SAR) - In relation to the SAR, the number of units remaining that were not used
- Remarks/Notes** - Any comments and/or questions can be added to the log in this section
- Service Provider Name** - Name of Service Provider being used (name of Contractor, e.g. Massage Therapist)