MaineGeneral Health CCM Tracking Sheet

Patient Name	DOB	provider	Insurance	Total Duration in minutes	care management notes complete	Face to face complete in last yr (yes or no)	Initial assessment complete (yes or no)	consent signed (yes or no)	care plan complete (yes or no)

MaineGeneral Health CCM Tracking Sheet

ready to charge (yes or no)	ENC#	CPT	DOS	dx	TCM (yes or no)