SERVICE MANAGEMENT LOG
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 918 (7-2017)

Clear Fields

Member Name	Medicaid ID Number	Date of Birth
Facility Name	Service Manager	

Date	Units	Initial	Where (phone/email/center/home)
Documentation (who/what/need/outcome)			

Date	Units	Initial	Where (phone/email/center/home)
Documentation (who/what/need/outcome)			

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Date	Units	Initial	Where (phone/email/center/home)
Documentation (who/what/need/outcome)			

Signature	Total Units Billed