

FPEP CHART REVIEW TOOL

Date: _____ Agency: _____ Project # _____ Site # _____ Reviewer: _____

Identification	Chart 1	Chart 2	Chart 3	Chart 4	Chart 5	Chart 6	Chart 7	Chart 8	Chart 9	Chart 10
FPEP Client ID #										
Client age or birth date										
Gender										
<i>FPEP Enrollment Form</i>										
*All required fields complete										
*Citizenship Verified										
*Identity Verified										
Household income documented correctly if client > 20 years										
Most recent eligibility date										
<i>Visit Billed to FPEP</i>										
*Within eligibility time period										
*Chart notes support majority of visit to be contraceptive mgmt.										
<i>For OFH Staff at PSOB</i>										
*Signature date matches eligibility date in the database										
<i>Visit billable to FPEP (no on starred question = no)</i>										

Does the agency dispense supplies at visit? _____

Please indicate Yes / No NA = Not Applicable or SC = See Comments (on back)

Additional Comments to Charts Reviewed:

Chart #1	Chart #6
Chart #2	Chart #7
Chart #3	Chart #8
Chart #4	Chart #9
Chart #5	Chart #10

Additional Quality Assurance that clinic staff should monitor and document: