



Confidential Administrative Records
Clinical Quality Review Team Authorization/Return Log

Date of CQRT:				Page _____ of _____			
Provider Agency:				Cases Reviewed:			
Name	RU	ID/PSP	Clinical Review		Quality Review		30 day Return
			A	R	A	R	Check if yes
1.			A	R	A	R	<input type="checkbox"/>
2.			A	R	A	R	<input type="checkbox"/>
3.			A	R	A	R	<input type="checkbox"/>
4.			A	R	A	R	<input type="checkbox"/>
5.			A	R	A	R	<input type="checkbox"/>
6.			A	R	A	R	<input type="checkbox"/>
7.			A	R	A	R	<input type="checkbox"/>
8.			A	R	A	R	<input type="checkbox"/>
9.			A	R	A	R	<input type="checkbox"/>
10.			A	R	A	R	<input type="checkbox"/>
11.			A	R	A	R	<input type="checkbox"/>
12.			A	R	A	R	<input type="checkbox"/>
13.			A	R	A	R	<input type="checkbox"/>
14.			A	R	A	R	<input type="checkbox"/>
15.			A	R	A	R	<input type="checkbox"/>
16.			A	R	A	R	<input type="checkbox"/>
17.			A	R	A	R	<input type="checkbox"/>
18.			A	R	A	R	<input type="checkbox"/>
19.			A	R	A	R	<input type="checkbox"/>
20.			A	R	A	R	<input type="checkbox"/>
21.			A	R	A	R	<input type="checkbox"/>
22.			A	R	A	R	<input type="checkbox"/>
23.			A	R	A	R	<input type="checkbox"/>
24.			A	R	A	R	<input type="checkbox"/>
25.			A	R	A	R	<input type="checkbox"/>

A = Approved R = Return Requested