MANAGED BEHAVIORAL HEALTH CARE ORGANIZATION (MBHCO)  

REPORT FOR  

CALENDAR YEAR 200__  

MBHCO NAME  _______________________________  

1. Total Direct Payments* Received from (name of carrier) during year $_______  
2. Behavioral Health Care Administrative Expenses* during year _______  
3. Direct Behavioral Health Care Expenses* during year _______  
4. Amounts included in Line 3 for Quality Assurance or Utilization Management Activities or Treatment Plan Reviews That Are Clinical In Nature _______  

Person Completing Report  

Name: _______________________________  
Title: _______________________________  
Telephone: ___________________________  
Date: _______________________________  
Signature ___________________________  

* Note: Definitions of Behavioral Health Care Administrative Expenses, Behavioral Health Care Expenses and Direct Payments can be found in COMAR 31.10.31.