



**Butler County
Mental Health & Addiction
Recovery Services Board**

Provider Report Submission Letter

Provider Name: _____

Fiscal Year: _____

Date Report Uploaded in GOSH: _____

Uploaded By: _____

List File Name and Brief Description:

Clinical Report

Financial Report

AIP \ QI Report

When filling out this form, please ONLY put ONE report per cover letter.

Please save the cover letter document with the report in the name.

When finished submit the form via email to Jennifer Coats.