

PAYER SOURCE

Aldesi of Florida, Inc.

WEEKLY VISIT LOG

- MEDICARE
- OTHER

PATIENT NAME _____

STAFF NAME (PRINT) _____

ADDRESS _____

STAFF SIGNATURE _____

MR# _____

Type of Service RN LPN PT ST OT MSW HHA

DATE	PATIENT SIGNATURE		VISIT TYPE S/U, RV EV, HV	A.M.		P.M.	
	VISITS			TIME IN	TIME OUT	TIME IN	TIME OUT

N/C (NO CHARGE CODE)

- 1. PATIENT NOT HOME
- 2. PATIENT REFUSED VISIT
- 3. M.D. APPOINTMENT
- 4. SUPPLY DROP / MILEAGE ONLY



Exclusive Services, Inc.

WEEKLY ITINERARY

- | | | |
|------------------------|--------------------|------------------------|
| 01 Regular Admission | 02 Regular Visit | 03 Supervisory Visit |
| 04 High-Tech Admission | 05 High-Tech Visit | 06 Emergency Visit |
| 07 Psych Admission | 08 Psych Visit | 09 Patient Not Home |
| 10 Recert Visit | 11 Discharge Visit | 12 Reinstatement Visit |

Patient Name: _____ MR#: _____

Patient Address: _____ Type of Visit: _____

DAY	DATE	TIME IN	TIME OUT	PATIENT SIGNATURE	TIME IN	TIME OUT	PATIENT SIGNATURE
Sun							
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							

I certify that the total hours shown represent the total hours worked during the week and that they were properly verified.

Employee Name (Printed)/Title _____

Employee Signature _____

Employee Number _____

WHITE-CHART YELLOW-EMPLOYEE



Exclusive Services, Inc.

WEEKLY ITINERARY

- | | | |
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WHITE-CHART YELLOW-EMPLOYEE

