## WEEKLY VISIT/TIME RECORD

FPRNANDEZ HEALTH SERVICES CORP CORP	Year:		
	Employee ID#	Employee Name/Title	
	Patient Name		Clinical Record #
Patient Address			Apt #

# PLEASE SIGN FOR ONLY ONE VISIT AT A TIME POR FAVOR SOLO FIRME POR UNA VISITA A LA VEZ

<b>Day</b> Dia	<b>Date</b> Fecha	Visit	N/C	Time In Entrada	Time Out Salida	<b>Units</b> Unidades	Patient signature Firma del paciente
Dia	recha	Code	Code	Elliaua	Sallua	Onibbacs	rima dei paciente
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TOTAL	VISITS:	
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## **VISIT CODES**

P - Patient Visit (SN, PT, SLP, OT, MSS, AIDE, RD)

X - Psych RN Visit

HT - High Tech Infusion Therapy Visit

S/U - Sign Up Visit

WC - High Tech Wound Care

SV - Supervisory Visit

Hmk - Homemaker

# N/C CODES (NO/CHARGE)

- 1 Supervisory Visit
- 2 RN S/U Therapy Only
- 3 Not Home Or Refused
- 4 Charity Visit
- 5 Travel Only
- 6 Supply Drop
- 7 Not Qualified

☐ MEDICARE	PAYER SOURCE
	Aldesi of Florida, Inc.

OTHER

# WEEKLY VISIT LOG

					DATE		MR#	ADDRESS	PATIENT NAME
				A.M. VISITS	PATIENT SIGNATURE				
R	· 0.	(S) (S)	S	PM.	ATURE		Type of Service RN LPN	STAFF SIGNATURE	STAFF NAME (PRINT)
				EV, HV	S/U, RV	VISIT TYPE	PT ST		
				TIME	TIME	A.M.	OT MSW		
				OUT	ZME	PM.	/ нна		

# 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 04 High-Tech Admission 07 Psych Admission 10 Recert Visit

02 Regular Visit 05 High-Tech Visit

12 Reinstatement Visit

03 Supervisory Visit

08 Psych Visit 11 Discharge Visit 06 Emergency Visit 09 Patient Not Home

Patier	ıt Name	:					MR#:		
Patier	ıt Addre	ss:					Type of Visit:		
DAY	DATE	TIME IN	TIME	PATIENT SIGNATURE	NT SIGNATURE TIME PATIENT SIGNATURE IN OUT				
Sun		11.4	001		1111	001			
Mon									
Tue									
Wed									
Thu						2			
Fri									
Sat					C				
I certify	that the tota	al hours sh	own represer	nt the total hours worked during the week and th	t they were	properly ve	rified.		
Emplo	oyee Na	me (Pri	inted)/Ti	Employee Signa white-chart yellow	ture	nin-	Employee Number		
	nt Name	::	Service	es. Tuc. WEEK  01 Regular Admission 04 High-Tech Admission 07 Psych Admission 10 Recert Visit	02 05 08	FINE I Regular V High-Tec Psych Vis Discharge	h Visit 06 Emergency Visit op Patient Not Home 12 Reinstatement Visit  MR#:		
Patient Address: Type of Visit:									
DAY	DATE	TIME IN	TIME	PATIENT SIGNATURE	TIME IN	TIME	PATIENT SIGNATURE		
Sun									
Mon									
Tue									
Wed									
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I certify	that the tot	al hours sh	iown represe	ent the total hours worked during the week and th	at they were	properly ve	erified.		
			inted)/T	itle Employee Signa			Employee Number		

# WEEKLY VISIT/TIME RECORD

	WEEKET VIOLITIME REGORD									
Year:	Eı	mployee II	D#		Employe	e Name/T	itle			
Patient N	ame						Clinical Record #			
Patient A	ddress						Apt #			
			_			_	ISIT AT A TIME			
POR FAVOR SOLO FIRME POR UNA VISITA A LA VEZ										
Day	<b>Date</b> Fecha	Visit	N/C	Time In Entrada	Time Out Salida	<b>Units</b> <i>Unidades</i>	Patient signature			
Dia	геспа	Code	Code	⊏⊓⊪aua	Saliua	Offidades	Firma del paciente			
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TOTAL MOITO	TOTAL LINUTO
TOTAL VISITS:	TOTAL UNITS:

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# **UNIT KEY**:

1 unit = 1 minute to <23 minutes 2 units= >23 minutes to <38 minutes 3 units= >38 minutes to <53 minutes 4 units= >53 minutes to <68 minutes 5 units= >68 minutes to <83 minutes 6 units= >83 minutes to <98 minutes 7 units= >98 minutes to <113minutes 8 units=> 113minutes to <128minutes