Kaerbear's Healthcare LLC

WEEKLY VISIT / TIME RECORD

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

Day *Dia*	Date *Fecha*	Visit Code	N/C Code	Time in *Entrada*	Time Out *Salida*	Units *Unidades*	Patient Signature *Firma del Paciente*

TOTAL VISITS: _____ ***TOTAL UNITS:*** _____

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

UNIT KEY:
1 unit = 1 minute to < 23 minutes
2 units = > 23 minutes to < 38 minutes
3 units = > 38 minutes to < 63 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 < 113 minutes
8 units = > 113 minutes to < 128 minutes

WHITE - FILE YELLOW - AGENCY