

Top Choice Home Healthcare, Inc.

10523 Burbank Blvd., Suite 105, North Hollywood, CA 91601

DAILY VISIT RECORD

EMPLOYEE NAME:			EMPLOYER:				WEEK OF:	
							_____ THRU _____, 20 _____	
PATIENT NAME (LAST, FIRST)	MR#	DATE	VISIT TIME		TOTAL TIME	CHARGE CODE	SIGNATURES PATIENT/PCG	
			START	END				
TOTAL VISITS:			TOTAL TIME:					

CHARGE CODES- RN	CHARGE CODES- LVN	CHARGE CODE- PT	CHARGE CODE- OTHER	OFFICE USE
G0162- RN (EVAL, R/C, ROC, DC) G0163- SN (PLAN MODIFICATION) G0164- SN (TEACHING PT/PCG) G0154- SN (INJECTION, WOUND, IV, ETC.)	G0163- SN (PLAN MODIFICATION) G0164- SN (TEACHING PT/PCG) G0154- SN (INJECTION, WOUND, IV, ETC.)	G0159- PT (EVAL, DC) G0151- PT VISIT (follow-up) G0157- PT Assistant	G0155- MSW G0156- CHHA G0160- OT (EVAL, DC) G0152- OT VISIT (follow-up) G0158- OT Assistant G0161- ST (EVAL, DC) G0153- ST VISIT (follow-up)	APPROVED BY DATE: _____ UR/DATE: _____ POSTED DATE: _____