

T.O.N.E. HOME HEALTH SERVICES, INC.

ACTIVITY LOG/PAYROLL

EMPLOYEE NAME: _____ Week-Ending: _____ (SAT)

PATIENT NAME	SUN		MON		TUE		WED		THU		FRI		SAT		TOTAL VISITS
	VISIT CODES		VISIT CODES		VISIT CODES		VISIT CODES		VISIT CODES		VISIT CODES		VISIT CODES		
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
GRAND TOTAL															

VISIT CODES: IV: INITIAL VISIT RV: REVISIT RC: RECERT ROC: RESUMPTION OF CARE DC: DISCHARGE I: INSERVICE
 NB-S: NON-BILLABLE SUPERVISORY NB-DB: NON-BILLABLE DRIVE-BY

DISCHARGE CODES: 1: GOALS MET 2: HOSPITAL 3: ECF 4: HOSPICE 5: MOVED 6: PT. REFUSED 7: EXPIRED 8: Other HHA

EMPLOYEE SIGNATURE _____

OFFICE USE ONLY	ADMIT: _____ REVISITS _____ APPROVED by w/ RCVD date: _____
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