

DOCUMENTATION FOR SERVICES PROVIDED:

AGENCY QSP

Client Name: _____ Client ID #: _____ Provider/QSP: _____ Provider #: _____

DD/MM/YYYY of Service: _____ Service Location: _____ Total Units _____

**Rural Differential (RD) **Time Left Provider Community _____ **Time Arrived in Client Community _____

Employee(s) Name (Print): _____ Time In: _____ Time Out: _____ Time In: _____ Time Out: _____

Employee(s) Name (Print): _____ Time In: _____ Time Out: _____ Time In: _____ Time Out: _____

Employee(s) Name (Print): _____ Time In: _____ Time Out: _____ Time In: _____ Time Out: _____

Code _____ Service Name _____ Total Units _____

Write task and check box for each task performed					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Code _____ Service Name _____ Total Units _____

Write task and check box for each task performed					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Code _____ Service Name _____ Total Units _____

Write task and check box for each task performed					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If billing for services provided in 15 minute units, you must deliver at least 8 minutes of service before you can bill for the first 15 minute unit. Providers cannot bill for services performed for less than 8 minutes. The amount of time you must work to bill for a larger number of units are as follows:

- Two (2) Units Work at least 23 minutes
- Three (3) Units Work at least 38 minutes
- Four (4) Units Work at least 53 minutes
- Five (5) Units Work at least 68 minutes
- Six (6) Units Work at least 83 minutes
- Seven (7) Units Work at least 98 minutes

COMMENTS: