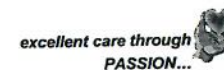




MAGNUM HOME HEALTH CARE, INC.

30700 TELEGRAPH ROAD SUITE 2620 BINGHAM FARMS, MI 48025

Office: (248) 559-2200 Fax: (248) 559-2298



Employee Name: _____ Discipline Code: _____ Week Ending Date: _____

Patient Name	MR#	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		TOTAL NO. OF VISIT
		Type of Visit	IN/OUT	Type of Visit	IN/OUT	Type of Visit	IN/OUT	Type of Visit	IN/OUT	Type of Visit	IN/OUT	Type of Visit	IN/OUT	Type of Visit	IN/OUT	

Discipline Codes	Visit Type Codes	Office Use Only	Date Received:
RN-Registered Nurse LPN-Licensed Practical Nurse ST-Speech Therapy STA-Speech Therapy Assistant OT-Occupational Therapy COTA-Occupational Therapy Assistant PT-Physical Therapy PTA-Physical Therapy Assistant CHHA-Certified Home Health Aide MSW-Medical Social Worker	IV-Initial Visit RV-Revisit RC-Recertification ROC-Resumption of Care DC w/ V-Discharge with Visit TIF-Transfer to Inpatient Facility NON-BILLABLE 1. Refused Service 2. Discharged w/o Visit 3. Missed Visit	Total No. of Visits: _____ Checked By: _____ _____ Signature Over Printed Name	_____ Employee Name & Title _____ Signature & Date