

## INSTRUCTIONS FOR COMPLETION OF HOME HEALTH PATIENT ENCOUNTER FORM

- (1) Enter the subunit name
- (2) Enter the service date
- (3) Enter name of employee
- (4) Record miles traveled for the day
- (5) Enter the patient's name
- (6) Enter a check mark if supplies were issued at this visit
- (7) Enter the service code that corresponds to the type of visit being made
- (8) Enter the time travel begins to the patient's home in the travel start time line, enter the time travel ends at the patient's home in the travel stop time line. Record in actual clock time, i.e., 8:30 am
- (9) Enter the time the visit begins in the visit start time line, (note: this will be the same time as the travel stop time), enter the time the visit ends in the visit stop time line. Record in actual time.
- (10) Enter the miles traveled to the patient's home
- (11) Home health aides will have the patient sign if: Telephony is down, the patient does not have a phone, or if the phone is unable to be used. The aide will cover up the patient name and patient signature line, so no patients can view another patients name

**ALL OTHER TIME: must be completed by all merit employees to capture 8 hour day**

**Note: Contract employees are to complete this section as well EXCLUDING- lunch, or leave**

- (12) Enter start time of break, inservice, leave, mileage, etc...
- (13) Enter stop time of break, inservice, leave, ,mileage, etc...
- (14) Enter service type (break, inservice, etc..)
- (15) Enter miles if appropriate
- (16) Employee signature
- (17) Initial's of person reviewing form and date
- (18) Name of person verifying hours and mileage listed on form