

SPEECH THERAPY TIMESHEET "A" FACILITY

	EMPLOYEE	ADDRIAL			DEDART							MIN. OF SERVICE					TD AVEL		
EMPLOYEE Reference # for FAC # column below		ARRIVAL TIME			DEPART TIME		TIME AT FACILITY				CHG			NCHG		TRAVEL TIME		MILES	
								HRS			MIN								
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	IF YOU DO NOT GET YOUR BREAK: [2	TIME AT FA			+		TRAVEL =			=	TOTAL TIME			VIE
	TO 1(800) 490-5626 OF	(910)) 9	0 3-:) 9 24	4													
(LIVI)	ARKS												KILLS						
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							LTE	SPEECH EVAL	SPEECH TX	VALLC	SWALLOW TX	HASI	:VELO	. GR01	ECTRI	NEURO RED	IER EX	PT #)	MITE
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FACILITY	RESIDENT LAST NAME, FIRST NAME		EVAL 🗸	FREQUENCY	PAYER	EXPECTED MINUTES	CPT MODALITIES	92506 S	92507 S	92610	92526 S	96105 A	97532 D	92508 S	97032 EL	97112 NE	97110 THER EX	OTHER (CPT #)	TOTAL MINITES
FACILITY			EVAL 🗸	FREQUENC	PAYER	EXPECTED	CPT MOD					96105 A		92508 S1			97110	ОТНЕВ	TOTAL W
FACILITY #			EVAL 🗸	FREQUENCY	PAYER	EXPECTED	CPT MOD					96105 A		92508 SI			97110	ОТНЕВ	M IATAT
FACILITY			EVAL 🗸	FREQUENCY	PAYER	EXPECTED	СРТ МОВ					96105 A		92508 S			97110	OTHER	M IATOT
FACILITY			EVAL 🗸	FREQUENC	PAYER	EXPECTED	CPT MOD					96105 A		92508 S			97110	ОТНЕВ	M IATAT
FACILITY			EVAL 🗸	FREQUENC	PAYER	EXPECTED	СРТ МОВ					96105 A		92508 S			97110	ОТНЕВ	N INTOT
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FACILITY			EVAL 🗸	FREQUENCY	PAYER	EXPECTED	CPT MOD					96105 A		92508 SJ			97110 1	ОТНЕВ	TOTAL W