

Care Zone Home Care

101 Towne Square Way, Suite 281
Pittsburgh, PA 15227



TIN: 83-0761172
Provider ID: 103584846-0001

Office:(412)650-6232 Cell:(412)439-6931 Fax:(412)650-8439 Email: evv@czihh.com

Missed EVV Adjustment Form

Employees must notify Care Zone Home Care when a missed clock in/out occurs by contacting one of the numbers listed above. An EVV form must be completed and submitted within two business days or late/declined payment may occur. Reference the sheet attached for all rules/regulations regarding the compliance of this form.

DCW Name: _____ DCW last 4 digits of SSN: _____ DCW Phone: _____

Participant Name: _____ Participant's Medicaid ID: _____

Service Location: Participant's Home Other _____

Missed Date			Reason for Adjustment Form
Time In			
Time Out			
Total Hours			

Please check all the services completed during the visit

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Toileting | <input type="checkbox"/> Lotion/Ointment | <input type="checkbox"/> Dressing |
| <input type="checkbox"/> Oral Care/Dentures | <input type="checkbox"/> Range of Motion | <input type="checkbox"/> Supervision/Coaching | <input type="checkbox"/> Hair Care |
| <input type="checkbox"/> Transfers | <input type="checkbox"/> Laundry/Fold | <input type="checkbox"/> Light Housekeeping | <input type="checkbox"/> Meal Preparation |
| <input type="checkbox"/> Feeding | <input type="checkbox"/> Shopping | <input type="checkbox"/> Reminding Medicine | <input type="checkbox"/> Supervised Walks |
| <input type="checkbox"/> Finance Management | <input type="checkbox"/> Socialization | <input type="checkbox"/> Scheduling Appointment | <input type="checkbox"/> Phone/Com. Device |
| <input type="checkbox"/> Secure Transportation | <input type="checkbox"/> Get seasonal Clothing | <input type="checkbox"/> Bowel/Bladder Management | <input type="checkbox"/> Other _____ |

DCW Signature: _____ Date: _____

Participant Acknowledgement

By signing below, I certify that I received the services mentioned above on the date and time.

Participant Signature: _____ Date: _____

For Office Use only

Action Taken: _____

Approved By: _____ Title: _____ Date: _____