

**ARBOR VITAE HOSPICE CARE, INC.**

1780 Town & Country Drive, Suite 106, Norco, CA 92860 / www.arborvitae-hospice.com / Tel: 951-735-3485 / Fax: 951-735-0900

FIELD STAFF WEEKLY TIME SHEET**PATIENT'S NAME:** _____**WEEK OF:** __ / __ / __ to __ / __ / __

CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION
IAEOB	INITIAL ASSESSMENT + EOB	EOB	EXPLANATION OF BENEFITS	CC	CONTINUOUS CARE
IA	INITIAL ASSESSMENT	PAV	PRE-ADMISSION VISIT	CV	CHAPLAIN VISIT
RV	RECERTIFICATION VISIT	LVNFUV	LVN FOLLOW-UP VISIT	SWIV	SOCIAL WORKER INITIAL VISIT
SV	SUPERVISORY VISIT	LVNPV	LVN PRN VISIT	SWFUV	SOCIAL WORKER FOLLOW-UP VISIT
RNFUV	RN FOLLOW-UP VISIT	HAFUV	HOSPICE AIDE FOLLOWUP VISIT	IDT	IDT MEETING / IN-SERVICE
RNPV	RN PRN VISIT	DV	DEATH VISIT		

DATE	TIME IN	TIME OUT	PATIENT / RESPONSIBLE PARTY SIGNATURE	CODE	OFFICE USE ONLY

To expedite payment, verify that the Field Staff Weekly Time Sheet is completed in its entirety and that all corresponding notes are attached.
 Incomplete time sheets will not be processed for payment. Patient / Responsible Party Signatures must be obtained upon completion of each visit.

By signing this Field Staff Weekly Time Sheet, I understand that anyone who misinterprets or falsifies information required for payment of Federal or State funds will be subject to fine, imprisonment, or civil penalty under applicable Federal Laws.

FIELD STAFF (PRINT NAME): _____**SIGNATURE:** _____**TITLE:** _____