



EVEREST HOME CARE

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MISSED EVV CORRECTION

- Missed In
 Missed Out
 Missed In and Out
 Other Issue

Consumer Name: _____ Missed Date: _____

Missed in Time: _____ Missed Out Time: _____

Describe the reason in detail:

By signing this form, I hereby certify that I received these documented services on the date and time listed above.

Consumer Signature: _____ Date: _____

Duty Performed: (tasks completed per Service Plan - check all that apply)

<input type="checkbox"/> 115 – Meal Preparation	<input type="checkbox"/> 120 - Transportation	<input type="checkbox"/> 126 - Transfer	<input type="checkbox"/> 137 - Lotion/Ointment
<input type="checkbox"/> 116 - Housework/Chore	<input type="checkbox"/> 122 - Hygiene	<input type="checkbox"/> 127 - Toilet Use	<input type="checkbox"/> 138 - Laundry
<input type="checkbox"/> 117 - Managing Finances	<input type="checkbox"/> 123 - Dressing Upper	<input type="checkbox"/> 128 - Bed Mobility	<input type="checkbox"/> 140 - Supervision/Coaching
<input type="checkbox"/> 118 - Managing Medications	<input type="checkbox"/> 124 - Dressing Lower	<input type="checkbox"/> 129 - Eating	<input type="checkbox"/> 141 - Incontinence Care
<input type="checkbox"/> 119 - Shopping	<input type="checkbox"/> 125 - Locomotion	<input type="checkbox"/> 134 - Bathing	<input type="checkbox"/> 203 - Other

I certify that the above information is true and correct to the best of my knowledge.

Employee Signature: _____ Date: _____

Issue:			Office Use Only		
<input type="checkbox"/> Pending Clock-In	<input type="checkbox"/> Pending Clock-Out	<input type="checkbox"/> Time Exceeds Authorized Hours			
<input type="checkbox"/> Time Overlap	<input type="checkbox"/> Missing Time (EVV not used)	Other			
Payor:		Pay Period:			
Date Adjusted in EVV:		Approved by:		Date:	