

**AGING & DISABLED HOME HEALTH CARE
AFFORDABLE HOME CARE**

DAILY HOURS & MILAGE RECORD

Patients Name (from)	Patients Name (To)	Date	Activity Code	Start Time	End Time	Total Hours	Start Miles	End Miles	Total Miles

Treatment Codes	Activity codes	Note	Office use only	Date:
RN -- Nursing Visit ST – speech therapy STA – speech assist OT – occupational therapy COTA – occupational assist PT – physical therapy PTA – Physical therapy Assist. HHA – HHA Visit	01 – treatment billable 02 – initial eval / 2mo eval 03 – 1 mo eval with treatment billable 04 – 1mo eval w/sup non-billable 05 – ST direct supervision 06 – non billable courtesy visit 07 - attempted visit 08 – missed visit 09 – others 10 – In-service 11 – meeting 12 – Conferences		Total HRS. _____ Total Miles _____ _____ Supervisor signature	_____ Printed Name _____ Signature

