

FIELD STAFF ROUTE SHEET

Staff Name:

Company Name:

Patient Name:

Patient MR#:

Payer Code:

	Service Code	DATE	TIME IN	TIME OUT	SERVICE TYPE	PATIENT SIGNATURE
1					<input type="checkbox"/> SN- RN <input type="checkbox"/> SN -LVN <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> ST <input type="checkbox"/> HHA <input type="checkbox"/> Social worker <input type="checkbox"/> _____	
2					<input type="checkbox"/> SN- RN <input type="checkbox"/> SN -LVN <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> ST <input type="checkbox"/> HHA <input type="checkbox"/> Social worker <input type="checkbox"/> _____	
3					<input type="checkbox"/> SN- RN <input type="checkbox"/> SN -LVN <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> ST <input type="checkbox"/> HHA <input type="checkbox"/> Social worker <input type="checkbox"/> _____	
4					<input type="checkbox"/> SN- RN <input type="checkbox"/> SN -LVN <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> ST <input type="checkbox"/> HHA <input type="checkbox"/> Social worker <input type="checkbox"/> _____	
5					<input type="checkbox"/> SN- RN <input type="checkbox"/> SN -LVN <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> ST <input type="checkbox"/> HHA <input type="checkbox"/> Social worker <input type="checkbox"/> _____	
6					<input type="checkbox"/> SN- RN <input type="checkbox"/> SN -LVN <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> ST <input type="checkbox"/> HHA <input type="checkbox"/> Social worker <input type="checkbox"/> _____	
7					<input type="checkbox"/> SN- RN <input type="checkbox"/> SN -LVN <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> ST <input type="checkbox"/> HHA <input type="checkbox"/> Social worker <input type="checkbox"/> _____	

O100 Oasis SOC

O500 Oasis Discharge

H800 RN/LVN IV Hourly

Payer Code: 1 Medicare PPS

5. MSI

O200 Oasis Transfer/Discharge

H210 Patient IV Visit

H811 RN/LVN Non IV Hourly

2 Medicare HMO

6. Others

O300 Oasis Recertification

H410 SN IV Teaching

3. MediCal/CalOptima

O400 Oasis Resumption

H500 Evaluation IV Visit

4. MediCal HMO