

Client/Patient Signature Sheet

Employee Name (PRINT): _____

Week Ending Date: _____ (Week is Sunday through Saturday)

Client/Patient Printed Name: _____

[illegible]

One Signature Sheet per Client/Patient

DEFAULT FOR CLIENT OR CLIENT REP SIGNATURE TO SIGN OFF ON VISIT IS ALWAYS KANTIME MOBILE.

SIGNATURE SHEETS SHOULD ONLY BE USED WHEN KANTIME MOBILE IS NOT WORKING.

Qualifying mileage must be recorded on the appropriate mileage tracker for the applicable services.

Print your name on the line provided at the top of the page. CLEARLY print your client/patient's first and last name on the line provided.

ONE SIGNATURE SHEET
PER CLIENT PER WEEK.

If you have multiple types of visits for the same client back-to-back, please sign in and sign out for each type of visit and have client sign each line.

All signature sheets are due to the office
by **5 PM on Mondays** for the previous
week of services.

Signature sheets can be faxed directly to
QA at: 317-672-2789

Or emailed to Christine at
cmason@healathomeindy.com

You MUST clock in and out via the **CLIENT'S PHONE** for each visit and chart when clocking out.

For all shifts, make sure you respond to the task performed during that visit before hanging up when clocking out.

Your clock in/out times MUST match the times on your signature sheet.

Employee Signature:

Date: _____