

**BRIGHT LIFE HOME CARE, INC**

4800 LINGLESTOWN RD SUITE 102

HARRISBURG PA 17112

Tax ID: 84-4957661

Provider ID: 103846242-0001

EVV MANUAL CORRECTION (MISSED VISITS) FORM FOR CLOCK IN AND CLOCK OUT

PARTICIPANT NAME: _____ MEDICAID ID: _____

DCW NAME: _____ DCW last 4 digits SSN:

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EVV COORDINATOR NAME: _____

Scheduled information and specific reason for manual correction (Missed Visits) for scheduled visits:

Day: _____ Clock in Date: ____/____/____(mm/dd/yyyy) Start Time: ____: ____ (am/pm)

Clock out Date: ____/____/____(mm/dd/yyyy) End Time: ____: ____ (am/pm)

Total Hours Worked: _____

Location of Service provided:

☐ Participant Home ☐ Outside Address: _____

Duty Codes: [If you have called out through the EVV system, Activities codes are NOT required!]

Reasons:

- ☐ New employee, unable to utilize electronic timekeeping system
- ☐ Called in to or Out of the EVV system Early or Late
- ☐ Forgot to clock in using electronic timekeeping system
- ☐ Forgot to clock out using electronic timekeeping system
- ☐ Worked after clocking out on electronic timekeeping system
- ☐ Worked before clocking in on electronic timekeeping system
- ☐ Interrupted meal break, request for paid meal break
- ☐ Missed meal break, request for paid meal break
- ☐ Experienced non-30-minute consecutive meal break
- ☐ Electronic timekeeping system malfunction
- ☐ Provided Service outside of the client's home address
- ☐ If Other-Explain: _____

I certify that Information I provided on and regarding this time sheet is true, accurate and complete. I have provided the services to the consumer according to the care plan. I also, understand that any false statements on this document may be grounds for disqualification of my employment from BRIGHT LIFE HOME CARE, INC.

Employee Signature: _____ Date: ____/____/____(mm/dd/yyyy)

Participant Signature: _____ Date: ____/____/____(mm/dd/yyyy)

For Office use only

Approved by:

Signature: _____ Title: _____ Date: ____/____/____(mm/dd/yyyy)

Print Name: _____

Note: FORM MUST BE FULLY COMPLETED & SUBMITTED TO BRIGHT LIFE HOME CARE INC IMMEDIATELY AFTER THE ERROR OCCURRED!!!

Bright Life Home Care Inc. 4800 Linglestown Rd Suite 102, Harrisburg, PA 17112 Phone: 1-888-717-2756 Fax: 717-874-2303

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