

Name			
SSN			
Birthdate		Billing	

This is an example of a fillable PDF form. You should fill this folder with more fillable PDF form templates to make this software useful.

Your “template” fillable forms should contain some specially-named fields in order to see the “label” magically applied.

These special field names are:

- \_LCDHD\_FSW – Assigned Home Visitor Name
- \_LCDHD\_SSN – Patient/Family Identifier (SSN)
- \_LCDHD\_CLID – Clinic ID
- \_LCDHD\_DOB – Patient Date of Birth
- \_LCDHD\_LNAME – Patient Last Name
- \_LCDHD\_FNAME – Patient First Name
- \_LCDHD\_MI – Patient Middle Initial
- \_LCDHD\_BILLING – Billing Code
- \_LCDHD\_NAME – Patient Full Name (Last, First Middle)
- \_LCDHD\_FORMDATE – Date of Form

Notes / Comments

Date of Service