

TOUCH OF CLASS (CLASS)

Licensed and Certified Home Health Agency

MISSED VISIT REPORT**MISSED VISIT DATE: 06-12-2019**Patient Name: **patient CLASS 4**Medicaid T#: **123123123****Medical Rec#:**

Primary Dx:

Date:

SOC:

04-01-2019☒ **Certification**

Therapy Dx:

Date:

From:

04-01-2019To: **03-30-2020**

Physician:

Clinician: **Marcie Friedman**

PATIENT DID NOT RECEIVE TREATMENT TODAY FOR THE FOLLOWING REASON(S):

- ☐ Alternate Caregiver available to provide care
- ☐ Patient refused services
- ☐ Family refused services
- ☐ Patient requested no visit today
- ☐ No answer to door (provide follow-up plans)
- ☐ Other:

Plan:

☐ Supervisor Notified☐ MD Notified

Electronically signed by: _____ Date: _____