Advocate at Home
Inspiring medicine. Changing lives.

Therapy Daily Summary of Service Documentation Fax

TO: PBC
Advocate Home Health Services
Fax # 630-368-6620 (only fax to these numbers)

FROM: Agency Name: **Aptiva Therapy, LLC**

Agency/ therapist contact phone # 773-944-1532

# of Pages Including Cover _____

Branch _____

Therapist Name _____ Discipline _____ Resource # _____

Clinician should fax all original paperwork within 24hrs of the visit to 630-368-6620 with this completed cover sheet. Please fill in the Summary of Service log completely and legibly using correct codes or visits can not be credited to you and your patients.

The following visits were done on _____ (date of visit) and all required paperwork for visits are included with this fax.

Please use Code reference sheet for identification correct Code for visit

Code for Visit	Patient Name	Patient Number	Time IN	Time OUT	Eval Frequency and Duration/ Other Comments

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