

Instructions
Home Health Care Documentation Form
for Private Caregivers and Family Member Caregivers

Call 1-800-362-0700 to request Home Health Care Documentation forms

This form must be completed for each day that services are provided. Your caregiver must complete all of the following items:

Date: the date that services were provided

Time in: the time the caregiver began providing services on that date

Time out: the time the caregiver stopped providing services on that date

Total hours: the total number of hours the caregiver worked on that date

Rate: the hourly or daily amount charged by the caregiver to the policyholder

Total charge: the total charge from the caregiver to the policyholder for that date

ADL (Activities of Daily Living) Section: Document any type of personal care assistance that the caregiver provided by using the letters below to indicate the level of assistance. Leave blank if no assistance was provided.

S—Standby: provides assistance within arm's length

H—Hands-on assistance: provides physical, hands-on assistance

R—Reminders: provides regular prompts and/or cues

IADL (Instrumental Activities of Daily Living) Section: Document any assistance that the caregiver provided with these activities by placing a checkmark in the corresponding box. Leave blank if no assistance was provided.

Location of care:

Personal residence: the policyholder's home

ILF: independent living facility

ALF: assisted living facility

Hospitalizations: any overnight hospital stays during the dates of service billed

Please note: Forms submitted without a signature and date by both the policyholder and the caregiver will not be processed, and the forms will be returned to the policyholder for completion.

***** Save these instructions for future reference *****