



WEEKLY INVOICE FOR LPN/RN SERVICES

This is an agreement between: (please print) **Client** (print name) _____ and
(circle) LPN or RN (print name) _____

By signing below, the Client (or Client's Representative) is aware of and agrees that the role of Just Like Family Home Care (JLFHC) in this agreement is to act as the billing and collection agent for the LPN or RN specified above. To support billing and reimbursement, as well as other documentation requirements, the LPN or RN will specify below the services he/she provided to the client, and will submit such completed form (with applicable notes) to JLFHC weekly for filing and appropriate action, as required by the State of Florida's Agency for Health Care Administration (AHCA). Also, the LPN or RN will notify JLFHC, as well as the client's caregiver, regarding significant changes in the client's appearance, behavior or condition (including hospitalization). The signature of the Client/Client Representative provided for each item below indicates that he/she has reviewed the information specified for accuracy, including actual hours worked, and applicable mileage, toll or other expenses incurred by the LPN or RN, and that he/she agrees to pay JLFHC for such services and expenses.

The Client/Client Representative should not sign off on items below if the information specified is either incomplete or not correct.

In addition to completing the information below, LPNs or RNs must submit a Nurse Assessment, Nurse Note or other forms as applicable

	M O N T H	D A Y	Y E A R	Start Time	End Time	Total Time	Check the item below that describes the purpose of the service			Client/Client Representative Signature
							Nurse Assessme nt	Nurse Note	Facility Staffing	
M				AM PM	AM PM					
T				AM PM	AM PM					
W				AM PM	AM PM					
T				AM PM	AM PM					
F				AM PM	AM PM					
S				AM PM	AM PM					
S				AM PM	AM PM					

Mileage expenses (including bridge tolls) must be paid when the LPN or RN uses his/her vehicle to provide transportation to the client. Toll expenses also must be paid when the LPN or RN pays a toll to travel from his/her home to the client's home. The LPN or RN will be reimbursed at the mileage reimbursement rate prescribed by the IRS without any fees or other charges paid to JLFHC, and reimbursement for tolls will be paid at actual cost. Examples of "other" expenses would be groceries or supplies, and those will be paid at actual cost.

Expense Reimbursement

	Mileage			Tolls	Other	Reason for Other Expenses	Client/Client Representative Signature
	Total Miles	From (City)	To (City)	Tolls (\$)	Other Expenses (\$)		
M							
T							
W							
T							
F							
S							
S							