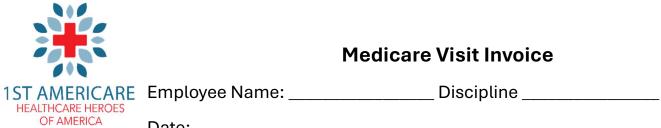


Medicare Visit Invoice

Date/Day	Patients	Time of Visit	Nursing	Type of Visits	Amount
	Name	(Start -End Time)	Note Submitted (Yes/No)	Visit Cert. Re- Cert.	<u>\$\$</u>



Medicare Visit Invoice

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