1ST AMERICARE
HEALTHCARE HEROES OF AMERICA

# Medicare Visit Invoice

Employee Name: _____ Discipline _____

Date: _____

Note: Medicare Visit Invoice must be submitted by Sunday at the end of each week. 1 Please ensure all details are accurately recorded. Please submit this form to hrcoordinator@1st-americare.com.

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

**Staff Onboarding Complete (Yes/No):** - .....

(Including TB-test, Inservice and other Necessary Requirements | Please get confirmation from the Onboarding Team, if you have any questions)

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Total Amount: - $.....

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