



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-american.com.

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

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)