DIRECT HIRE PROGRESS\VISIT NOTES

Employer: ______________________ Employee: ______________________

PAS id: ______________________ Payroll id: ______________________

Agency id: ______________________

From: __________ **to** __________ **Due Date:** __________ **Pay Date** __________

Form must be completed and submitted on the due date.

Date MM/DD/YY	***Daily Progress note\Visit Note:***
Date MM/DD/YY	***Daily Progress note\Visit Note:***
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Date MM/DD/YY	***Daily Progress note\Visit Note:***
Date MM/DD/YY	***Daily Progress note\Visit Note:***

As the Employee employed by the Participant or Representative I certify the information recorded above is true and accurate. The information above is required documentation along with clocking in and out of the Attendance System. I also understand that it is my responsibility to remain current with the required trainings as written in my Employment Agreement or as identified by the IPOS. It is also understood that the service hours worked were recorded in the Attendance System and were performed as face-to face services with the participant in accordance with the IPOS\Service Authorization. I understand payment will be process once full details (including time in\out, tasks performed, progress\visit notes and signatures) are received. Documentation must be submitted by the due dates. Please note, submitting late or incomplete documentation may result in no payments by the Medicaid funding source.

Employee Signature **Date:** **Phone #**

As the Employer of Record, I certfy that my Employee and I certify the hours recorded are accurate, complete, and in accordance with the IPOS\Service Authorization. I authorize Personal Accounting Services, Inc. to pay my employee for the Medicaid face-to face service hours performed. I also understand that if my employee has not completed or maintained the required trainings, Medcaid funding cannot be used and it will be my responiblity to make payment to my Employee. Furthermore, if I have authorized any hours above my Medicaid service authorization, I will also be responible to make payment to my employee for the difference.

Employer Signature **Date:** **Phone #**

Submit Completed Form to: Personal Accounting Services, Inc. 20500 Eureka Rd Suite 112 Taylor MI 48180 fax: (734) 720-1002