

JEFFERSON COUNTY PUBLIC SCHOOLS HEALTH SERVICE LOG

Student Name: _____ **DOB:** _____ **JCPS ID #** _____

Provider Name: _____ **Modifier:** _____ **School:** _____

Diagnosis Code: _____ **Medicaid ID#:** _____

Date	Time In	Time Out	Minutes	Procedure Code (E-Evaluation I-Individual)	Progress Notes	Initials	
						Prov.	Super.
				<input type="checkbox"/> Evaluation <input type="checkbox"/> Individual	___Bowel or bladder care/cleaning ___Feeding via GTube ___Feeding assist ___Monitoring health status ___Giving meds ___Seizure precautions ___Transport/positioning ___Trach care/suctioning ___Other _____ ___Diabetes monitoring – BS _____ Insulin _____ ___Catheterization – Amount _____ Color _____ _____ _____		
				<input type="checkbox"/> Evaluation <input type="checkbox"/> Individual	___Bowel or bladder care/cleaning ___Feeding via GTube ___Feeding assist ___Monitoring health status ___Giving meds ___Seizure precautions ___Transport/positioning ___Trach care/suctioning ___Other _____ ___Diabetes monitoring – BS _____ Insulin _____ ___Catheterization – Amount _____ Color _____ _____ _____		
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This is to certify that services billed to Medicaid are included in the IEP or Conference Summary and do not exceed units of services specified in the IEP.

Service Provider _____ **Title** _____ **Date** _____
Supervising Provider _____ **Title** _____ **Date** _____

For Additional Charting, turn log over and write on back. Be sure to date and initial each entry.

