

Physicians Mutual Insurance Company Claim Services PO Box 2018 Omaha, NE 68103-2018

Long-Term Patient Care Flow Sheet

Insured's Nam	ne										
Caregiver's Info							5				
Caregiver's Nam						Caregive	's Phone N	umber ()		
Caregiver's Add						· ·		<u>. </u>			
-						Cara	aivor's Date	of Pirth			
Last Four Digits	0133#01010						giver 5 Date				
Data	_	Indicate AM or PM				Total Llaura	Hourly Rate		Amount Charged		
Date		In	Out	ln Oi	ul	Total Hours	worked	Houriy	Rale	Amount	Charged
	Mon										
	Tues										
	Wed										
	Thu										
	Fri										
	Sat										
	Sun										
Check Number:											
					lain ralati	onchin					
			blood of marnage	? 🗌 Yes 🗌 No If yes, exp	iain relati	onsnip.					
Was the insured	t hacritalizad t	his wook? 🗌	Ves 🗌 No. If vi	es provide the day(s)							
			· ·	es, provide the day(s).	r the lists	d activition					
Caregiver Instru	uctions: Place	a check mar	k in the box each	day assistance is provided fo			1				
Caregiver Instru	uctions: Place	a check mar	k in the box each	· · · · · · · ·	ding Dat	e/		Thu	Fri	Sat	Sun
Caregiver Instru	uctions: Place Ily Notes Reg	a check mar arding Activi	k in the box each ities: Starting Da	day assistance is provided fo			_/ Wed	Thu	Fri	Sat	Sun
Caregiver Instru Caregiver Week	uctions: Place (Iy Notes Reg ting (Exclude	a check mar arding Activi es meal prep	k in the box each ities: Starting Da	day assistance is provided fo	ding Dat	e/			Fri		Sun
Caregiver Instru Caregiver Week Assist with Ea Assist with Ba Assist with Dre	uctions: Place Ity Notes Reg ting (Exclude thing/ Show essing	a check mar arding Activi es meal prep	k in the box each ities: Starting Da	day assistance is provided fo	ding Dat	e/ Tue	Wed		Fri		Sun
Caregiver Instru Caregiver Week Assist with Ea Assist with Ba Assist with Dre Assist with Tra	uctions: Place (IV Notes Reg ting (Exclude thing/ Show essing ansferring	a check mar arding Activi es meal prep	k in the box each ities: Starting Da	day assistance is provided fo	ding Dat	e/ Tue	Wed				Sun
Caregiver Instru Caregiver Week Assist with Ea Assist with Ba Assist with Dra Assist with Tra Assist with Arr	uctions: Place Ing (Exclude thing/ Show essing ansferring hbulating	a check mar arding Activi es meal prep	k in the box each ities: Starting Da	day assistance is provided fo	ding Dat	e/ Tue	Wed				Sun
Caregiver Instru Caregiver Week Assist with Ea Assist with Ba Assist with Ba Assist with Dre Assist with Tra Assist with Arr Assist with To	ting (Exclude thing/ Show essing ansferring bulating	a check mar arding Activi es meal prep rering	k in the box each ities: Starting Da paration)	day assistance is provided fo te// En	ding Date Mon	e / Tue 	Wed				
Caregiver Instru Caregiver Week Assist with Ea Assist with Ba Assist with Ba Assist with Dre Assist with Tra Assist with Arr Assist with To	ting (Exclude thing/ Show essing ansferring bulating	a check mar arding Activi es meal prep rering	k in the box each ities: Starting Da paration)	day assistance is provided fo	ding Date Mon	e / Tue 	Wed				
Caregiver Instru Caregiver Week Assist with Ea Assist with Ba Assist with Dre Assist with Tra Assist with Arr Assist with Arr Assist with Pa Assist with Me	uctions: Place (IV Notes Reg thing (Exclude thing/ Show essing ansferring houlating ileting ds/ Change edications, H	e a check mar arding Activi es meal prep /ering Briefs/ Em lousekeepi	k in the box each ities: Starting Da paration) ptying Cathete ing, Meal Prep	day assistance is provided fo te// En	ding Date Mon	e / Tue 	Wed				
Caregiver Instru Caregiver Week Assist with Ea Assist with Ba Assist with Ba Assist with Tra Assist with Tra Assist with Am Assist with Toi Assist with Pa Assist with Me Assist with Ru	uctions: Place (IV Notes Reg ting (Exclude thing/ Show essing ansferring houlating ileting ds/ Change edications, H inning Errar	e a check mar arding Activi es meal prep /ering Briefs/ Em lousekeepi ids/ Food S	k in the box each ities: Starting Da paration) ptying Cathete ng, Meal Prep Shopping	day assistance is provided fo te/ En er Bag/ Bed Pan/ Urinal	ding Date Mon	e / Tue 	Wed				
Caregiver Instru Caregiver Week Assist with Ea Assist with Ba Assist with Dre Assist with Dre Assist with Tra Assist with Toi Assist with Toi Assist with Pa Assist with Me Assist with Ru Assist with to/	ting (Exclude thing/ Show essing ansferring ileting ds/ Change edications, H inning Errar from Docto	e a check mar arding Activi es meal prep /ering Briefs/ Em lousekeepi ids/ Food S r/ Medical A	k in the box each ities: Starting Da paration) aptying Cathete ing, Meal Prep. Shopping Appointments	day assistance is provided fo te/ En er Bag/ Bed Pan/ Urinal	ding Date Mon	e / Tue 	Wed				
Caregiver Instru Caregiver Week Assist with Ea Assist with Ba Assist with Dre Assist with Dre Assist with Tra Assist with Am Assist with Am Assist with Pa Assist with Pa Assist with Me Assist with Ru Assist with to/ Other (Please	ting (Exclude thing/ Show essing ansferring ileting ds/ Change edications, H inning Errar from Docto	e a check mar arding Activi es meal prep /ering Briefs/ Em lousekeepi ids/ Food S r/ Medical A	k in the box each ities: Starting Da paration) aptying Cathete ing, Meal Prep. Shopping Appointments	day assistance is provided fo te/ En er Bag/ Bed Pan/ Urinal	ding Date Mon	e / Tue 	Wed				
Caregiver Instru Caregiver Week Assist with Ea Assist with Ba Assist with Dre Assist with Dre Assist with Tra Assist with Am Assist with Am Assist with Am Assist with Pa Assist with Ru Assist with Ru Assist with to/ Other (Please For Insured:	ting (Exclude thing/ Show essing ansferring hbulating ds/ Change edications, H nning Errar from Docto specify what	e a check mar arding Activi es meal prep vering Briefs/ Em lousekeepi nds/ Food S r/ Medical A at and when	k in the box each ities: Starting Da paration) paration p	day assistance is provided fo te/ En er Bag/ Bed Pan/ Urinal / Cleanup, Laundry	ding Date Mon	e / Tue 	Wed				
Caregiver Instru Caregiver Week Assist with Ea Assist with Ba Assist with Ba Assist with Dre Assist with Tra Assist with Arr Assist with Arr Assist with Arr Assist with Pa Assist with Ru Assist with Ru Assist with Ru Assist with to/ Other (Please For Insured: I certify that all of	ting (Exclude thing/ Show essing ansferring hbulating ds/ Change edications, H inning Errar from Docto specify what	e a check mar arding Activi es meal prep vering Briefs/ Em lousekeepi nds/ Food S r/ Medical A at and when	k in the box each ities: Starting Da paration) paration p	day assistance is provided fo te/ En er Bag/ Bed Pan/ Urinal / Cleanup, Laundry n Patient Care Flow Sheet is	ding Date Mon 	e / Tue 	Wed				
Caregiver Instru Caregiver Week Assist with Ea Assist with Ba Assist with Dre Assist with Dre Assist with Tra Assist with Am Assist with Am Assist with Am Assist with Pa Assist with Me Assist with Ru Assist with Ru Assist with Ru Assist with to/ Other (Please For Insured: I certify that all c any insurance co	ting (Exclude thing/ Show essing ansferring hbulating ileting ds/ Change edications, H inning Errar from Docto specify what of the information ompany or oth	e a check mar arding Activi es meal prep vering Briefs/ Em lousekeepi nds/ Food S r/ Medical A at and when ion disclosed her person, file	k in the box each ities: Starting Da paration) paration p	day assistance is provided fo te/ En er Bag/ Bed Pan/ Urinal / Cleanup, Laundry n Patient Care Flow Sheet is claim containing any false, in	ding Date Mon 	e / Tue 	Wed				
Caregiver Instru Caregiver Week Assist with Ea Assist with Ba Assist with Dre Assist with Dre Assist with Tra Assist with Am Assist with Am Assist with Am Assist with Pa Assist with Me Assist with Ru Assist with Ru Assist with Ru Assist with to/ Other (Please For Insured: I certify that all c any insurance co	ting (Exclude thing/ Show essing ansferring hbulating ileting ds/ Change edications, H inning Errar from Docto specify what of the information ompany or oth	e a check mar arding Activi es meal prep vering Briefs/ Em lousekeepi nds/ Food S r/ Medical A at and when ion disclosed her person, file	k in the box each ities: Starting Da paration) paration) paration) paration) paration) paration) paration) paration) on the Long-Term es a statement of	day assistance is provided fo te/ En er Bag/ Bed Pan/ Urinal / Cleanup, Laundry n Patient Care Flow Sheet is claim containing any false, in	ding Date Mon 	e / Tue 	Wed				
Caregiver Instru Caregiver Week Assist with Ea Assist with Ba Assist with Ba Assist with Ba Assist with Tra Assist with Tra As	uctions: Place (IV Notes Reg ting (Exclude thing/ Show essing ansferring houlating ileting ds/ Change edications, H inning Errar from Docto specify what of the information onpany or othe	a check mar arding Activi as meal prep vering Briefs/ Em dousekeepi ads/ Food S r/ Medical / at and when at and when the person, file ril penalties ar	k in the box each ities: Starting Da paration) aptying Cathete ng, Meal Prep, Shopping Appointments re) on the Long-Term as a statement of nd/or guilty of a fe	day assistance is provided fo te/ En er Bag/ Bed Pan/ Urinal / Cleanup, Laundry n Patient Care Flow Sheet is claim containing any false, in	ding Date Mon 	e / Tue 	Wed				
Caregiver Instru Caregiver Week Assist with Ea Assist with Ba Assist with Ba Assist with Ba Assist with Tra Assist with Tra As	uctions: Place (IV Notes Reg ting (Exclude thing/ Show essing ansferring houlating ileting ds/ Change edications, H inning Errar from Docto specify what of the information onpany or othe	a check mar arding Activi as meal prep vering Briefs/ Em dousekeepi ads/ Food S r/ Medical / at and when at and when the person, file ril penalties ar	k in the box each ities: Starting Da paration) aptying Cathete ng, Meal Prep, Shopping Appointments re) on the Long-Term as a statement of nd/or guilty of a fe	day assistance is provided fo te/ En er Bag/ Bed Pan/ Urinal / Cleanup, Laundry n Patient Care Flow Sheet is claim containing any false, in	ding Date Mon 	e / Tue 	Wed	y and with i			
Caregiver Instru Caregiver Week Assist with Ea Assist with Ba Assist with Ba Assist with Dre Assist with Tra Assist of Assist with Tra Assist of Assist of Ass	uctions: Place (IV Notes Reg ting (Exclude thing/ Show essing ansferring houlating ileting ds/ Change edications, H inning Errar from Docto specify what of the information onpany or othe ecution and cive Responsible Pa	a check mar arding Activi es meal prep /ering Briefs/ Em dousekeepi inds/ Food S r/ Medical / at and when ion disclosed ion disclosed arty's Signatur	k in the box each ities: Starting Da paration) pytying Cathete ing, Meal Prep. Shopping Appointments re) on the Long-Termes a statement of nd/or guilty of a fer re	day assistance is provided fo te/ En er Bag/ Bed Pan/ Urinal / Cleanup, Laundry n Patient Care Flow Sheet is claim containing any false, in	ding Date Mon	e / Tue Tue D D D D D Tue C C C C C C C C C C C C C	Wed	y and with i ate	ntent to inj	Ure, defraud	

X Caregiver's Signature