

## **ADULT DAY HEALTH CARE**

## **SERVICE LOG**

PROGRAM:		E & D MEDICA	ID WAIVER	□ACT MEDICAID WAI	IVER	□ ALABAMA CARES
CLIENT NAME:			ADH Location:			
CONTRACTOR:			MON	ITH:	YEAR:	
MEDICAID AGENO	CY THA	T THE FOLLOWING T I RECEIVED THE S ORIZED SIGNATUR	SERVICES LISTED BI	RUE, ACCURATE, AND COMPLETE. I UN ELOW ON THE DATES HEREIN SPECIFIE Day Health Care)	NDERSTAND TE ED. BILLING W	HAT I AM CERTIFYING TO THE ALABAMA ILL NOT BE PAID WITHOUT CLIENT'S
DATE	C O D E	NUMBER OF HOURS	C	LIENT'S SIGNATURE		WORKER'S SIGNATURE
	F					
	F					
	F					
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	F					
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