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Therapy Employee Timesheet Email: TherapyEmployeeTimesheets@Nportstaffing.com **Therapy FAX:** (502) 413-8280

Employee Name: _____ Facility Name: _____

Service Date	Patient Name	Start Time	End Time	Clinician Type	Type Of Treatment Session (OASIS, Eval, Visit, Discharge)	Documentation Type (Manual, Electronic) Enclosures If Manual (HEP/NOMNC/OASIS)
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Total # Oasis: _____ **Total # Evals:** _____ **Total # Visits:** _____

Employee Signature: _____ **Date:** _____

Authorized Facility Approver Name: _____ **Facility Approver Title:** _____

Authorized Facility Approver Signature: _____ **Date:** _____

*** Homecare timesheets that are emailed have to be emailed from either an @nportstaffing.com email or other business email address & the email has to be encrypted**