

**REHAB ACTION, INC****See payroll schedule for week dates****Invoice****Therapist's Name:** SMITH, BILLY PT**Week:** 5/1/22-5/7/22

Patient Name	Company	<u>SUN</u>	<u>M</u>	<u>T</u>	<u>W</u>	<u>Th</u>	<u>F</u>	<u>SAT</u>	<u>NOTES</u>
<sup>1</sup> DOE, JANE	PROHEALTH	SOC			EV		MV		
<sup>2</sup> DOE, JIMMY	PINNACLE		DC	RA					
<sup>3</sup> DOE, BUCK	GRACE	TX							
<sup>4</sup> DOE, JERRY	EMPATH				MV				PT HOSP, CONTACTED AGENCY AND OFFICE
<sup>5</sup>									
<sup>6</sup>									
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<sup>18</sup>									
<sup>19</sup>									

**THIS INVOICE IS FOR PATIENTS NOT IN OUR EMR,  
FOR EXAMPLE PROHEALTH, PINNACLE, GRACE  
AND EMPATH ALL USE THEIR OWN EMR'S**

**Invoices must be emailed by 9am every Monday to [rehabactioninc@gmail.com](mailto:rehabactioninc@gmail.com) OR [loralee@rehabaction.com](mailto:loralee@rehabaction.com)**

**REMEMBER: Check your home page for pending or needs corrections visits. Only completed approved visits will be paid.**

TX = TREATMENT

MV= MISSED VISIT

E = EVAL

RA=REASSESSMENT

DC = DISCHARGE

SOC = START OF CARE OASIS

RC = RECERT OASIS

ROC = RESUMPTION OF CARE OASIS