eXPRS Plan of Care - Services Delivered Report Form

Client Name: ___________________ Prime: _______________ Month: _________ Year: ____

Provider Name: ____ Provider Num: ______________

CDDP/Brokerage: _____________________________________ SC/PA Name: ______________

Service Authorized: _________________________ Units: ____ Type: _____Frequency: _____

Service Delivered On:

Date	Start/Time IN	End/Time OUT	Total Hours	# of Clients
	AM PM	AM PM		
	AM PM	AM PM		
	AM PM	AM PM		
	AM PM	AM PM		
	AM PM	AM PM		
	AM PM	AM PM		
	AM PM	AM PM		
	AM PM	AM PM		
	AM PM	AM PM		
	AM PM	AM PM		
	AM PM	AM PM		
	AM PM	AM PM		
	AM PM	AM PM		
	AM PM	AM PM		
	AM PM	AM PM		
	AM PM	AM PM		
	AM PM	AM PM		
	AM PM	AM PM		
	AM PM	AM PM		
	AM PM	AM PM		
	AM PM	AM PM		
	AM PM	AM PM		
	AM PM	AM PM		
	AM PM	AM PM		
	AM PM	AM PM		
	AM PM	AM PM		
	AM PM	AM PM		
	AM PM	AM PM		

eXPRS Plan of Care - Services Delivered Report Form

Client Name: ____________________ Prime: _______________ Month: __________ Year: ____

Provider Name: ____ Provider Num: ______________

CDDP/Brokerage: _____________________________________ SC/PA Name: ______________

SERVICE GOAL:

PROGRESS NOTES:

By signing below, both employer and provider affirm that the hours worked and supports provided as reported above do not exceed the amount authorized in the service recipient's Plan of Care and are consistent with the services to be delivered as outlined in the provider's service agreement with the recipient.

____

Service Recipient/Employer/Employer Rep Signature Date

____

Provider/Employee Signature Date

[ ] I authorize the state to enter the above service delivery data into eXPRS on my behalf for claims creation and payment based upon this service delivery report.

__________ (provider initials).

[ ] This service delivery report has been reviewed/approved for data entry/claim(s) creation.

____

CDDP/Brokerage Rep Signature Date

For state staff entry of data for claim creation on behalf of provider, submit this completed/signed/approved form to:

Email: info.exprs@state.or.us or **Fax**: 503-947-5004