



Company Name

MISSED VISIT REPORT

Date: _____ Time: _____

Patient: _____ HICN: _____

Clinician: RN LPN PT OT ST RT Aide MSW

Payer: Medicare Medicaid HMO Private

Reason for missed visit (please check):

- MD appointment
- Patient / Family Cancelled
- Inclement Weather
- Patient hospitalized for observation
- Family visiting and able to assist patient
- No answer to locked door
- Other: _____

Was claim for missed visit billed? Yes No

Was billing reviewed for accuracy? Yes No N/A

Was voluntary repayment made to the payer? Yes No

Check # _____ Amount _____ Date Refunded _____

Physician/Agency notified _____

Date: _____ Time: _____

Comments: _____

Print Name of Auditor: _____