EmoryHealthcare.eps

**EMITS SERVICE LOG**

**“Any missing information can cause non payment of the services.”**

**Interpreter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Language ­­­­:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\* Patient’s Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*\* Patient’s MRN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **\*\* Provider’s Name: Dr., Nurse, Tech, or other provider’s name**  **Please Print each letter** | | | | | | | | | | | | | | | | | | | **\*\*Department/**  **Location** | | **\*\*Start**  **Time** | | **\*\*End**  **Time** | | **\*\*Codes: choose**  **from below** | |
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NOTES: ………………………………………………………………………………………………………………………………………..

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**CODES**

1. Non-medical instruction 2. Teaching 3. Consent 4. Medical explanation/exam 5. Registration/Scheduling 6. Support Services 7. Therapy

8. Phone 9. Cancelled (please notify **EMITS** at **404-727-3648** ***Option 1)*** 10. Classes/In-service 11. Administrative 12. Rounds 13. Translation

14. Waiting (Only document waits longer than 15 minutes) 15. No show (please call **EMITS at 404-727-3648** ***Option 1***- (after waiting for 20 min)

Interpreter Time in: **Staff** Member **PRINT** Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Ext.:\_\_\_\_\_\_\_\_\_\_\_\_\_

Interpreter Time out:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Staff** Member **PRINT** Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Ext:\_\_\_\_\_\_\_\_\_\_\_\_\_\_