



# AGENCY DIRECTED IVR EXCEPTION FORM

Client Name: \_\_\_\_\_

Worker Name: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Check in time: \_\_\_\_\_ : \_\_\_\_\_ AM / PM    Check out time: \_\_\_\_\_ : \_\_\_\_\_ AM / PM

Activity Codes: \_\_\_\_\_

\*\*\*Reason for missed check in/out:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Worker signature

### IVR Exception Form Instructions:

- Fill in client & worker names, dates, times, activity codes & reason for missed clock in/out.
- Both the client & the worker must sign the form.
  - *Please note that falsifying a signature is considered fraud and will be reported to the state.*
- **If any items are left blank the IVR form will not be processed for pay.**
- Use only one form per missed check in/out
- IVR Forms are **due by 5 PM on Tuesdays.**
  - *IVR Forms received after 5 PM Tuesday will not be paid until the next week.*
- IVR Forms older than 30 days may not be paid.
- Do not exceed authorized hours, as you will not be paid for the overage.
- No services will be paid when the client is hospitalized or unavailable for care.
  - *You are required to notify the office when the client is unavailable for care*
- IVR Forms may be delivered or mailed to **All Saints Home Care,  
3425 W. Central,  
Wichita, KS 67203.**

Or faxed to 316-945-9076.

Or e-mailed to [Payroll@allsaintshomecare.com](mailto:Payroll@allsaintshomecare.com)

Office use only:	Audit	Payroll	Audit
PROGRAM: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>