



FMS 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.
- 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

Office use only:

PROGRAM: _____

Audit

Payroll

Audit