

MONEY FOLLOWS THE PERSON (MFP) NURSING ASSESSMENT BILLING WORKSHEET

DEPARTMENT OF HEALTH AND HUMAN SERVICES AGING SERVICES-MFP SFN 692 (12-2022)

Consumer Name								
Nurse Assessment	Institutio	nal Setting Asses	sment		ommunity Setting	Assessment	<u> </u>	
nstructions: Record						7.00000111011	•	
	u tile Hullibel Of	units to the closes	st 13-minute	s iiile	ivai.			
Example:		· · · · · · · · · · · · · · · · · · ·	11.2		N (1			11. 2
Month	Day	Year	Units		Month	Day	Year	Units
12	5	2017	14.00					
							TOTAL UNITS	
SIGNATURES Qualified Service Provider Signature Date Signed								
Qualified Service Pi	rovider Number							
Mail completed wo	orksheet to:	OR Em	ail comple	ted \	vorksheet to: kt	otrzpuc@nd	l <u>.gov</u>	
Kayla Trzpuc 520 3rd Ave NW								
amestown, ND 5	8401							
NTERNAL OFFIC	CE LISE ON! V							
Total Units		Established Rate	ate		Total Amount Approved		Billing Code	
	X [=				
Signature of Approv	ving MED Drogra	m Stoff						
griature of Approv	ving wife Flogra	III Stall						

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