

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 ☐ Institutional Setting Assessment ☐ Community Setting Assessment

Instructions: Record the number of units to the closest 15-minute interval.

Example:

Month	Day	Year	Units
12	5	2017	14.00

Month	Day	Year	Units
TOTAL UNITS			

SIGNATURES

<p>Qualified Service Provider Signature</p>

Date Signed

<p>Qualified Service Provider Number</p>
--

Mail completed worksheet to:

OR

Email completed worksheet to: kbtrzpuc@nd.gov

Kayla Trzpuc

520 3rd Ave NW

Jamestown, ND 58401

INTERNAL OFFICE USE ONLY

Total Units	
-------------	--

X

Established Rate

$$=$$

Total Amount Approved	
-----------------------	--

Billing Code

Signature of Approving MFP Program Staff