

ASIWORKS, INC. FISCAL INTERMEDIARY FOR
 GEORGIA COMPREHENSIVE SUPPORTS WAIVER PROGRAM (COMP)

REHABILITATION PROFESSIONAL TIME SHEET:

OCCUPATIONAL THERAPIST, PHYSICAL THERAPIST, SPEECH THERAPIST, AND BEHAVIORAL HEALTH

PAY PERIOD START DATE END DATE

| | | |
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| PROVIDER NAME | LAST NAME | FIRST NAME |
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PROFESSIONAL FIELD Occupational Therapist Physical Therapist Speech Therapist Behavioral Health

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| EMPLOYER LAST NAME | FIRST NAME |
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| ADDRESS | CITY | COUNTY | ZIP CODE |
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PARTICIPANT-DIRECTED REHABILITATION SERVICE CODES AND DESCRIPTIONS

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| Occupational Therapist: 01: Adult Evaluation 02: Adult Therapeutic Activities 03: Sensory-Integrative Techniques | Physical Therapist 04: Adult Evaluation 05: Adult Therapy | Speech Therapist 06: Adult Evaluation 07: Adult Speech Therapy 08: Adult Speech-Generating Device Therapy | Behavioral Health 09: Behavioral Support Consultation |
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| DAY | DATE OF SERVICE | START TIME AM/PM | STOP TIME AM/PM | SERVICE CODES | DESCRIPTION OF SERVICES PROVIDED | EMPLOYEE SIGNATURE | APPROVED BY PARTICIPANT/ REP |
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DIRECTIONS: Complete and sign the original Time sheet and leave it in the Home. Your Employer will send the paper time sheet (a) if you do NOT use the Audio or Electronic Time sheet or (b) you are asked to send it by ASI.

MAIL OR FAX this completed time sheet to --
ASI Works, Inc. TOLL FREE FAX: 1-800-226-1110
GEORGIA COMPREHENSIVE SUPPORTS WAIVER PROGRAM (COMP)
Attention: COMP Central Records Unit
7101 Wisconsin Avenue – Suite 1400
Bethesda, Maryland 20814

For Assistance, call 1-877-678-4185