

EVV Correction Form

This form is a general template. Make sure to follow state, payer, and internal EVV compliance requirements when using it.

AGENCY DETAILS

Agency name		Phone	
Address		Email	

CLIENT DETAILS

Client name		Phone	
Address		Email	

VISIT INFORMATION

	Original Information		Corrected Information
Date of service		Date of service (corrected)	
Service code		Service code (corrected)	
Start time		Start time (corrected)	
End time		End time (corrected)	
Location		Location (corrected)	
Services provided		Services provided (corrected)	

CORRECTION DETAILS

Reason code*		Notes	
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* Reason Codes: MV (Missing Visit) | CA (Correct to Actual Times) | LE (Location/GPS Error) | VE (Verification Error) | TM (Tasks Missing) | DE (Disaster or Emergency)

ATTESTATION

Caregiver name		Date submitted	
Caregiver signature		Date approved	
Supervisor name			
Supervisor signature			