

Helping Heart, LLC
5317 E 20th Ave
Tampa, FL 33619

Monthly Summary

Individual's Name:
Service:

Medicaid#:
PA Number:

Tracking System: **Service Logs**
Service Limitations:

Billing Code:
Billing Rate:

Goal(s): _____

What did the consumer accomplish? _____

What did the provider accomplish toward the goal? _____

What activities were achieved in accomplishing the goal? _____

Was consumer satisfied with activities? _____

Does goal need to continue or change? _____

Summary reviewed with consumer on: _____

Consumer signature: _____

Date: _____

Date mailed to WSC: _____