North Dakota Workforce Safety & Insurance

REQUEST FOR PAYMENT FOR HOME HEALTH CARE

CLAIMS DIVISION
SFN 54303 (04/2017)

1600 E Century Ave, Ste 1
PO Box 5585
Bismarck ND 58506-5585
Telephone 800-777-5033
Toll Free Fax 888-786-8695
TTY (hearing impaired) 800-366-6888
Fraud and Safety Hotline 800-243-3331
www.workforcesafety.com

SECTION 1 – *Injured worker's information*

Claim number	Injured worker's (First name)	(Last name)

SECTION 2 – *Payment information (Enter rate, number of hours, and total for each service that has been provided)*

Date	Time in	Time out	572 **Credentialed Care** Medical & personal care including Certified Nurse's Aides (CNA)			582 **Non-credentialed Care** Medical & personal care including family members, friends, or other hired personnel that are not certified			589 **Homemaking Services** Must be in conjunction with medical/personal care, including non-personal care hired to do cooking, cleaning, or running errands			**Other**		
			Rate	Hours	Total	Rate	Hours	Total	Rate	Hours	Total	Rate	Hours	Total
Total payment request														

Form continued on next page. Submit all pages to WSI.

C40b

Claim number	Injured worker's (First name)	(Last name)

SECTION 3 – *Activities and/or services provided*

Homemaking	**Activities of daily living**	**Other**
Bathing	Reminders for self-medication administration	Travel time to appointments
Dressing	Housekeeping	Conversation
Eating/feeding	Laundry	Errands
Grooming	Planning and preparing meals	Mail/correspondence
Mobility/walking	Shopping	Telephone use
Toileting/bowel and bladder care		
Transferring		

	Sunday	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
Date							
Time in	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM
Time out	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM	☐ AM ☐ PM
Hours worked							
Initials							

Explain activities and/or services provided

SECTION 4 – *Caregiver's information and fraud warning/signature*

Name	FEIN or Social Security number		Certification/license number	
Address	City	State	ZIP code	Telephone number

Fraud warning

Any person claiming benefits or compensation from WSI who files a false claim, or makes a false statement, or fails to notify WSI as to the receipt of income or an increase in income from employment, in connection with any claim or application for workers' compensation benefits will forfeit any future benefits and may be guilty of a felony which is punishable by imprisonment, substantial fines, or both. These criminal penalties are applicable to all persons dealing with WSI, including injured workers, employers, medical providers, and attorneys.

Signature

By signing this form, I acknowledge that I have read and understand the fraud warning. I understand that falsifying this claim or making a false statement regarding this claim may be a felony, punishable by substantial fines and imprisonment. I authorize and agree that statements in this form are true and accurate.

Signature	**Date**