Aafiya Home Care LLC
3270 19th St NW Suite 108
Rochester, MN 55901

Date: _____

SERVICE VERIFICATION AND ACKNOWLEDGMENT OF CLIENT STATEMENT

Date: _____

Client Name: _____

PCA/CFSS Worker Name: _____ UMPI NO. _____

Service Date(s):

The Agency has identified a discrepancy (_____) regarding the verification of services provided on the date(s) listed above.
The Agency's records indicate that supporting documentation for the service visit may be incomplete, unavailable, or inconsistent with standard verification procedures.

The Client has informed the Agency that the PCA/CFSS Worker was present and provided services during the date(s) and time(s) in question.

By signing below, the Client affirms that:

The PCA/CFSS Worker was present and provided the authorized services.
The information provided to the Agency is true and accurate to the best of the Client's knowledge.
The Client understands that services billed to Minnesota DHS and other payers must accurately reflect services provided.
The Client understands that knowingly providing false information may result in claim adjustments, recovery of payments, or other actions by the appropriate authorities.
The Agency is relying on the Client's statement as part of its review of the service record.

This acknowledgment does not waive any rights or obligations of the Client, PCA/CFSS Worker, Agency, Minnesota DHS, or any other governmental authority. The Agency reserves the right to conduct additional reviews and take corrective action if additional information becomes available.

Client Signature: _____ Date: _____
Representative (if applicable): _____ Date: _____
Agency Representative: _____ Date: _____