Public Health Nurse Visits
WyNETTE Project
Bill One Type of Visit Only

Please Complete this Part for Contact or No-Contact visit:

County PHN Office ____

Nurse Name ____

Client Name ____

Client ID # ____

Date of Service ____

Choose Below Which Type of Visit Was Made

Contact Visit Billing
Code S9445

Visit with Client Occurred:
Circle one: Yes ________________No_________________

No-Contact Visit
Mileage Verification Billing
Billing Code A0160
Travel Information

Begin City________________ Destination Location ______________________
(Street Address & City)

Total Miles____________________ X 2 (round trip) = ____________________
(Total Distance from Begin City to Destination) (Mileage)

Reimbursable Amount = ______________ X $0.48/ Mile = $____________
(Reimbursable Miles)