iLIFE
Choice. With Confidence.

# IRIS Program
## EVV Corrections Form

*Scan here to submit this form online.*

**Instructions:**
1. The participant-hired worker completes all information and signs the bottom of the form.
2. The participant-hired worker submits this form via the QR code located above* by the timesheet due date.
   **Please note: If you are not able to submit the form online, you may mail or fax it in to iLIFE using the information at the bottom of this page.*

***Please note the following: This form only needs to be completed if you need to make corrections to EVV, which is only required for the service codes listed below. Workers using Fixed Visit Verification (FVV) should complete this form to submit EVV when awaiting the arrival of the FVV device or if it is out of order.***

## BASIC INFORMATION

| |
|---|
| Participant Name: |
| Participant-hired Worker Name: |
| PHW#: |
| Pay Period Begins (MM/DD/YYY): |
| Pay Period Ends (MM/DD/YYYY): |

## VISIT INFORMATION *Additional space available on back*

| Date | Start Time (AM/PM) | End Time (AM/PM) | Service Code* | Reason Code |
|---|---|---|---|---|
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## REASON CODES

| Reason | Code |
|---|---|
| **Caregiver Error** *Participant-hired worker did not clock in or out* | CE |
| **Member Unavailable** *Participant was not available for the services* | MU |
| **Mobile Device Issue** *Mobile device is not working correctly, loses signal, etc.* | MDI |
| **Telephonic Issue** *TVV is not recognizing visit, not allowing a clock in or out, etc.* | TI |
| **Service Outside the Home** *Service performed away from the address on file* | SOH |
| **Missing in System** *A clock in or out was not recorded and is missing from the system* | MS |
| **Other** | O |

## SERVICE CODES

| Service Code | Description |
|---|---|
| T1019 | PC/15 mins |
| S5125 | SHC/15 mins |
| S5126 | SHC/Day |
| COMBO | PC & SHC |

**Signature:** _____ **Date:** _____

**P.O. Box 91760**
**Milwaukee, WI 53209**

**Phone:** 888-800-5599
**Fax:** 414-937-2034

**Email:** IRIS.EVV@iLIFEfms.com
**Website:** www.iLIFEfms.com

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## EVV Corrections Form

**If submitting both sides of this form, please fill out all fields in the Basic Information and signature sections below.**

## BASIC INFORMATION

| Participant Name: | PHW#: |
|---|---|
| Participant-hired Worker Name: | |
| Pay Period Begins (MM/DD/YYY): | Pay Period Ends (MM/DD/YYYY): |

## VISIT INFORMATION

| Date | Start Time (AM/PM) | End Time (AM/PM) | Service Code* | Reason Code |
|---|---|---|---|---|
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**Signature:** _____ **Date:** _____

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