

HOME HEALTHCARE BUDGET

Client: _____

Billing Period: _____ to _____
Date Generated: 2023-10-27

SERVICE / EXPENSE DESCRIPTION	FREQUENCY	RATE (\$)	EST. TOTAL (\$)
Skilled Nursing & Therapy			
Registered Nurse (RN) Visit	2x / Week	150.00	1,200.00
Physical Therapy Sessions	1x / Week	125.00	500.00
Personal Care Assistants			
Home Health Aide (HHA)	20 hrs / Week	30.00	2,400.00
Overnight Care (Flat Rate)	2 nights / Mo	350.00	700.00
Supplies & Equipment			
Medical Consumables (Gloves/Gauze)	Monthly	-	150.00
Mobility Equipment Rental	Monthly	85.00	85.00

SERVICE / EXPENSE DESCRIPTION	FREQUENCY	RATE (\$)	EST. TOTAL (\$)
Insurance Coverage Projection			- (3,200.00)

ADMINISTRATIVE NOTES

This chart is for budgeting purposes only. Actual billing may vary based on physician-ordered changes to the Plan of Care, emergency visits, or insurance claim adjustments. Please submit reimbursement receipts by the 5th of each month.