

NEVADA PERSONAL CARE SERVICES, INC.

PROVIDER PERSONAL CARE RECORD

Personal Care Assistant

	Phone: (702) 722-6200											Fax: (702) 722-6202																				
Client Name:	Phone: Medic											icaid Billing No:																				
Provider Name:											_ PI	hoi	ne:					_														-
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Provider Signatur	e:																															
Client Signature:													_ Date:																			
Supervisor's Signa	ature.																	Do	ate:							_						

6655 South Eastern Avenue Suite 130 Las Vegas, NV 89119