

**Weekly Part A Beneficiary Service Log
(Sample Notification #1)**

SNF/Supplier name: _____

Service dates from _____ through _____

SNF/Supplier contact person: _____

Phone: _____ Fax: _____

Patient's Name	Date of Service	Is the Patient Covered By Part A Medicare?	
		YES	NO
1.		YES	NO
2.		YES	NO
3.		YES	NO
4.		YES	NO
5.		YES	NO
6.		YES	NO
7.		YES	NO
8.		YES	NO
9.		YES	NO
10.		YES	NO
11.		YES	NO
12.		YES	NO
13.		YES	NO
14.		YES	NO
15.		YES	NO
16.		YES	NO
17.		YES	NO
18.		YES	NO
19.		YES	NO
20.		YES	NO
21.		YES	NO
22.		YES	NO
23.		YES	NO
24.		YES	NO
26.		YES	NO