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

SNF/Supplier name: __________________________

Service dates from ____________ through ___________

SNF/Supplier contact person: ____________________

Phone: _____________  Fax: ____________________

<table>
<thead>
<tr>
<th>Patient’s Name</th>
<th>Date of Service</th>
<th>Is the Patient Covered By Part A Medicare?</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>2.</td>
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<td>3.</td>
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<td>5.</td>
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<td>6.</td>
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<td>7.</td>
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<tr>
<td>8.</td>
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<td>9.</td>
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<td>10.</td>
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<td>11.</td>
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<td>12.</td>
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