Aetna Better Health® of Illinois
3200 Highland Avenue, MC F648
Downers Grove, IL 60515

Adult Day Service Monthly Service Report

Agency: _____

Member Name:_____DOB:_____

Services Provided (check all that apply):

☐	Eating	☐	Med Administration
☐	Bathing/Dressing	☐	Transferring
☐	Grooming	☐	Telephoning
☐	Continence	☐	Supervision
☐	Meals	☐	Other

Please specify other: _____

Changes in Service plan recommended: Increase hours ☐ Decrease hours ☐

Reason for Recommendation: _____

Total hours allowed per month:_____Total hours provided per month: _____

Reason total hours not used: _____

Receive Transportation: ☐ YES ☐ NO

Please fill in calendar hours per day worked or attach Service calendar:

MONTH/YEAR (noted below): _____

1.	2.	3.	4.	5.	6.	7.
8.	9.	10.	11.	12.	13.	14.
15.	16.	17.	18.	19.	20.	21.
22.	23.	24.	25.	26.	27.	28.
29.	30.	31.				

Agency Representative:_____ Date: _____

Please email form to <CM Name> at: <CM e-mail address>