

CFC/PAS TIMESHEET



For the week of service, timesheets are due the following Monday by Midnight. You may fax, drop off, or email your timesheets. Mail is discouraged as it can not guarantee timely pay. Timesheets are due every week. Due to the timing of the payroll cycle, late timesheets will result in late pay.

11/01/17

Timesheets must be signed AFTER all work is completed. Advance timesheets will not be accepted. MM DD YY Employee Name (Please Print) Employee ID Member Name (Please Print) Member ID														-										
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Was the Member in a hospital, emergency room, urgent care, nursing home, or any other institution or facility at any time during this week?															,									
O Yes Explain:																								
Specify any tasks refused by the member. Include shift number. Specify any use of the "other" task field. Include shift number. Specify any use of the "other" task field. Include shift number.																								
Certify that the hours, services, Employee Signature																ate	(MI	M/D	D/Y	Y)				_
and tasks indicated above were provided to the Member by the					1 0											D	1	1	Λ	7	1,		1-1	
Employee as recorded. The			Member/PR Signature									_	Date (MM/DD/YY)											
nursing home, or institution. False information or misrepresentation													ſ	n		1	1)	7	1/	Г	7	7		
constitutes Medicaid Frauc	Provider Representative Signature											—¦	Date (MM/DD/YY)											
may result in dismissal fro program and/or criminal	or ne	present	entauve Signature										Ĺ											
prosecution. Sam																	/			1				
Drop Off: 3301 Great Northern Ave. Ste 203 Missoula, MT 59808													2	9569										
THE REAL PROPERTY.					1	Fax: 1	-855	-486	-7246	,													1000	ř.

Email: cdmtts@consumerdirectcare.com