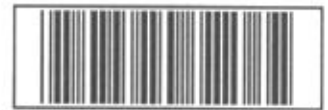


Private Pay and VA TIMESHEET



Sunday that started this work week.

01	/	01	/	17
MM		DD		YY

Service Code

PCA				
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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. Timesheets must be signed AFTER all work is completed. Advance timesheets will not be accepted.

Please see back for instructions.

Employee Name (Please Print)	Employee ID	Member Name (Please Print)	Member ID
John Smith	1002345	Jane Doe	1234567

Service Date (MM/DD)	Time In	Time Out	Comments
1 01 / 01	09 : 00 <input checked="" type="radio"/> AM <input type="radio"/> PM	12 : 00 <input type="radio"/> AM <input checked="" type="radio"/> PM	
2 01 / 03	09 : 30 <input checked="" type="radio"/> AM <input type="radio"/> PM	01 : 45 <input type="radio"/> AM <input checked="" type="radio"/> PM	
3 01 / 05	09 : 15 <input type="radio"/> AM <input checked="" type="radio"/> PM	11 : 45 <input checked="" type="radio"/> AM <input type="radio"/> PM	
4	<input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/> AM <input type="radio"/> PM	
5	<input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/> AM <input type="radio"/> PM	
6	<input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/> AM <input type="radio"/> PM	
7	<input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/> AM <input type="radio"/> PM	
8	<input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/> AM <input type="radio"/> PM	
9	<input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/> AM <input type="radio"/> PM	
10	<input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/> AM <input type="radio"/> PM	
11	<input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/> AM <input type="radio"/> PM	
12	<input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/> AM <input type="radio"/> PM	

Was the Member in a hospital, emergency room, urgent care, nursing home, or any other institution or facility at any time during this week?

Yes

Explain:

I certify that the hours and services indicated above were provided to the Member by the Employee as recorded. The Member was NOT in a hospital, nursing home, or institution. Falsification of this time sheet is considered fraud and may result in dismissal from the program and/or criminal prosecution.

Employee Signature

Sample

Date (MM/DD/YY)

01	/	05	/	17
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Member/PR Signature

Sample

Date (MM/DD/YY)

01	/	05	/	17
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Drop Off: 3301 Great Northern Ave. Ste 203 Missoula, MT 59808

Fax: 1-855-486-7246

Email: cdmmts@consumerdirectcare.com

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