



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.

Sunday that started this work week.

MM		DD		YY					

Employee Name (Please Print)	Employee ID	Member Name (Please Print)	Member ID

Service Date (MM/DD)	Shift/Drive Start	Shift/Drive End	Service Code
1 <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 100%; height: 20px;" type="text"/>
2 <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 100%; height: 20px;" type="text"/>
3 <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 100%; height: 20px;" type="text"/>
4 <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 100%; height: 20px;" type="text"/>
5 <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/> <input type="radio"/> AM <input type="radio"/> PM	<input style="width: 100%; height: 20px;" type="text"/>

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:

Comments: Include the specific destination for all Shopping or CI time.

Line 1:	Address <input style="width: 95%; height: 25px;" type="text"/>	Odo Start <input style="width: 30px; height: 25px;" type="text"/>	Odo End <input style="width: 30px; height: 25px;" type="text"/>
Line 2:	Address <input style="width: 95%; height: 25px;" type="text"/>	Odo Start <input style="width: 30px; height: 25px;" type="text"/>	Odo End <input style="width: 30px; height: 25px;" type="text"/>
Line 3:	Address <input style="width: 95%; height: 25px;" type="text"/>	Odo Start <input style="width: 30px; height: 25px;" type="text"/>	Odo End <input style="width: 30px; height: 25px;" type="text"/>
Line 4:	Address <input style="width: 95%; height: 25px;" type="text"/>	Odo Start <input style="width: 30px; height: 25px;" type="text"/>	Odo End <input style="width: 30px; height: 25px;" type="text"/>
Line 5:	Address <input style="width: 95%; height: 25px;" type="text"/>	Odo Start <input style="width: 30px; height: 25px;" type="text"/>	Odo End <input style="width: 30px; height: 25px;" type="text"/>

I certify that the hours, services, and tasks indicated above were provided to the Member by the Employee as recorded. Medical Escort services were provided to the nearest Medicaid Provider. The Member was NOT in a hospital, nursing home, or institution. False information or misrepresentation constitutes Medicaid fraud and may result in dismissal from the program and/or criminal prosecution.

Employee Signature

Member/PR Signature

Provider Representative Signature

Date (MM/DD/YY)

Date (MM/DD/YY)

Date (MM/DD/YY)

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