



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.

1	2	/	2	9	/	2	4
MM			DD			YY	

Employee Name (Please Print)	Employee ID	Member Name (Please Print)	Member ID
John Doe	1 2 3 4 5 6 7	Jane Smith	7 6 5 4 3 2 1

Service Date (MM/DD)	Shift/Drive Start	Shift/Drive End	Service Code
1 0 1 / 0 1	1 0 : 1 5 <input checked="" type="radio"/> AM <input type="radio"/> PM	1 0 : 3 0 <input checked="" type="radio"/> AM <input type="radio"/> PM	C F C S H O P C I
2 0 1 / 0 1	1 1 : 4 5 <input checked="" type="radio"/> AM <input type="radio"/> PM	1 2 : 0 0 <input type="radio"/> AM <input checked="" type="radio"/> PM	C F C M E D E S C
3 /	: <input type="radio"/> AM <input type="radio"/> PM	: <input 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	

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 1234 Elm Street, SmallTown, MT 59888	Odo Start 12,345	Odo End 12,352
Line 2:	Address 111 Maple Street, SmallTown, MT 59888	Odo Start 12,352	Odo End 12,359
Line 3:	Address	Odo Start	Odo End
Line 4:	Address	Odo Start	Odo End
Line 5:	Address	Odo Start	Odo End

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

John Doe

Date (MM/DD/YY)

0	1	/	0	3	/	2	5
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Member/PR Signature

Jane Smith

Date (MM/DD/YY)

0	1	/	0	3	/	2	5
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Provider Representative Signature

Sally Johnson

Date (MM/DD/YY)

0	1	/	0	4	/	2	5
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