

Make sure your timesheet is filled out completely and correctly. All entries must be printed neatly inside the boxes, without touching any border (see examples below). AM/PM bubbles must be filled completely. If letters or numbers are not within the boxes, or are not readable, payment may be delayed. Each shift worked must include Service Date, Time In with AM/PM, Time Out with AM/PM, and Service Code.

Fill circles like this: ● ● ● ● **Not like this:** ☑ ☒ ☓

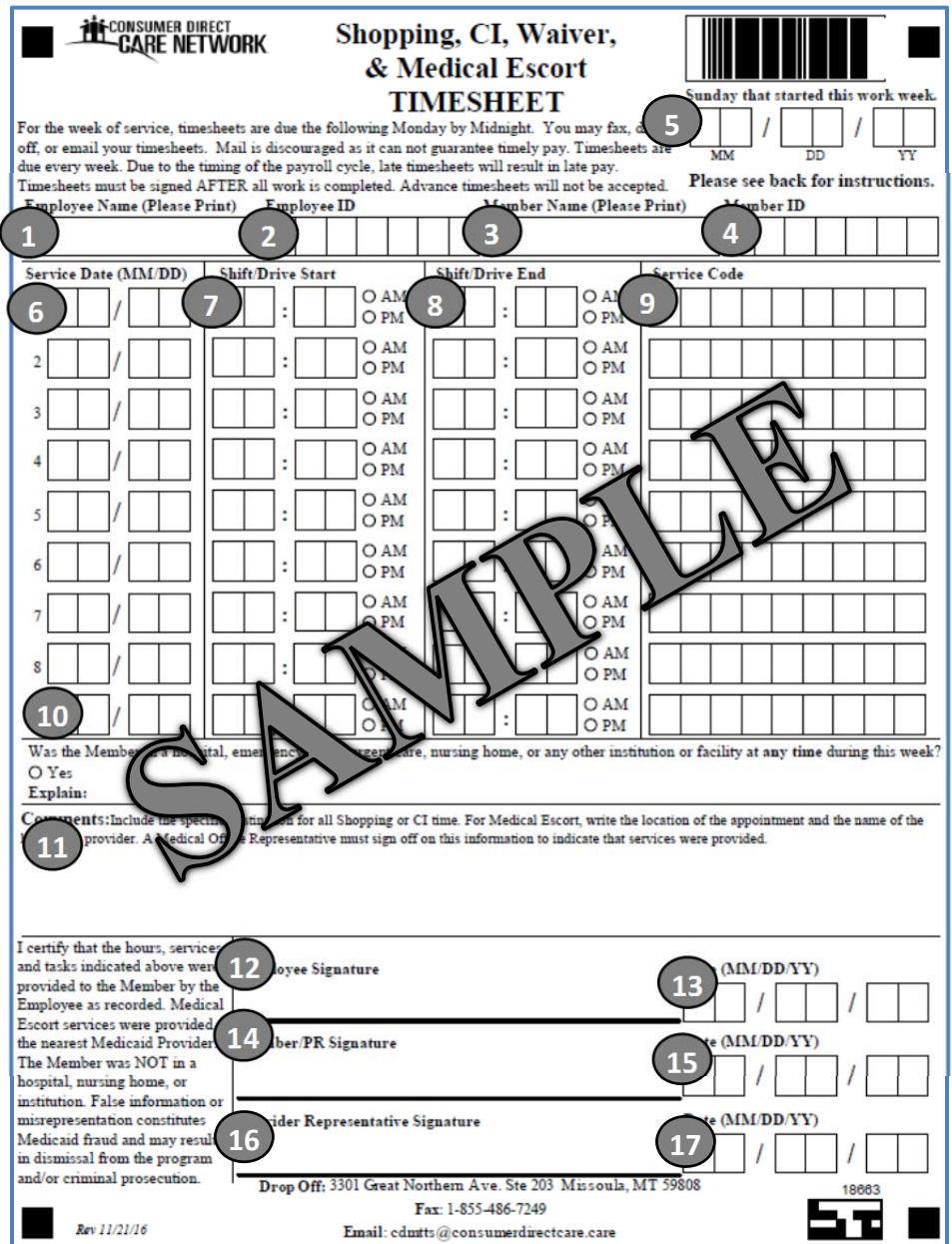
Fill boxes like this:

A	B	C	1	2	3
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Not like this:

ABC	12	3
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1. **Employee Name.** Print Employee's Name.
2. **Employee ID.** First seven digits of employee ID number.
3. **Member Name.** Print Member's Name.
4. **Member ID.** Seven digit member ID number.
5. **Sunday that Started this pay period.** The date of the Sunday at the beginning of the pay period, in MM/DD/YY format. For example, if the first day of the week you worked was Tuesday, 11/15/16, then this would be 11/13/16.
6. **Service Date.** The date services were provided, in MM/DD format.
7. **Time In.** The time your shift began, in HH:MM format. Choose AM or PM by filling in the correct circle.
8. **Time Out.** The time your shift ended, in HH:MM format. Choose AM or PM by filling in the correct circle.
9. **Service Code.** The code for the service you performed this shift. Start your code in the FIRST box. Leave any extra boxes empty.
10. **Hospitalization.** Answer "yes" if the member was in the hospital or any other institution during this week and explain.



Shopping, CI, Waiver, & Medical Escort 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. Timesheets must be signed AFTER all work is completed. Advance timesheets will not be accepted. Please see back for instructions.

Sunday that started this work week: 5 / /

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

Service Date (MM/DD)	Shift/Drive Start	Shift/Drive End	Service Code
6 /	7 : : ○ AM ○ PM	8 : : ○ AM ○ PM	9
2 /	: : ○ AM ○ PM	: : ○ AM ○ PM	
3 /	: : ○ AM ○ PM	: : ○ AM ○ PM	
4 /	: : ○ AM ○ PM	: : ○ AM ○ PM	
5 /	: : ○ AM ○ PM	: : ○ AM ○ PM	
6 /	: : ○ AM ○ PM	: : ○ AM ○ PM	
7 /	: : ○ AM ○ PM	: : ○ AM ○ PM	
8 /	: : ○ AM ○ PM	: : ○ AM ○ PM	
10 /	: : ○ AM ○ PM	: : ○ AM ○ PM	

Was the Member in a hospital, emergency room, nursing home, or any other institution or facility at any time during this week?
 Yes
 No
 Explain:

Comments: Include the specific location for all Shopping or CI time. For Medical Escort, write the location of the appointment and the name of the provider. A Medical Escort Representative must sign off on this information to indicate that services were provided.

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 at 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 (12) (13) (MM/DD/YY) / /

Member/PR Signature (14) (15) (MM/DD/YY) / /

Provider Representative Signature (16) (17) (MM/DD/YY) / /

Drop Off: 3301 Great Northern Ave. Ste 203 Missoula, MT 59808 18803

Rev 11/21/16 Fax: 1-855-486-7249 Email: cdmtts@consumerdirectcare.com

11. **Comments.** Include the specific location and required details for all shopping, CI, and Medical Escort time.
12. **Employee Signature.**
13. **Employee Signature Date.** In MM/DD/YY format. This must be on or after the last day worked
14. **Member Signature.**
15. **Member Signature Date.** In MM/DD/YY format. This must be on or after the last day worked