



Pro-Health Care, Inc.
3989 Central Ave NE Suite 510
Columbia Heights, MN 55421

Phone: (763) 746-8155
Fax: (763) 746-8154
www.pro-healthcare.biz

Completing a Timesheet

PCA Time and Activity Documentation

2014

FAX: 763-746-8154

WEEK 1	MON	TUE	WED	THU	FRI	SAT	SUN	WEEK 2	MON	TUE	WED	THU	FRI	SAT	SUN
Mo/Day/Yr	01 - 06 -14	01 - 07 -14	01 - 08 -14	01 - 09 -14	01 - 10 -14	01 - 11 -14	01 - 12 -14	Mo/Day/Yr	01 - 13 -14	01 - 14 -14	01 - 15 -14	01 - 16 -14	01 - 17 -14	01 - 18 -14	01 - 19 -14
TIME IN	1 am	12 pm	1 am	1 am	1 am	8 am	8 am	TIME IN	1 am	1 am	1 am	1 am	am	8 am	8 am
TIME OUT	5 pm	2 pm	5 pm	5 pm	5 pm	12 pm	12 pm	TIME OUT	5 pm	5 pm	5 pm	5 pm	am	4 pm	12 pm
TIME IN	am	6 am	am	am	am	am	am	TIME IN	am	am	am	am	am	am	am
TIME OUT	am	8 pm	am	am	am	am	am	TIME OUT	am	am	am	am	am	am	am
Total Daily Hrs:	4	4	4	4	4	4	4	Total Daily Hrs:	4	4	4	4		8	4
Supports	Total WK 1 Hrs: (1:1) (1:2) (1:3) : 28							Supports	Total WK 2 Hrs: (1:1) (1:2) (1:3) : 28						
Dressing	DD	DD	DD	DD	DD	DD	DD	Dressing	DD	DD	DD	DD		DD	DD
Grooming	DD	DD	DD	DD	DD	DD	DD	Grooming	DD	DD	DD	DD		DD	DD
Bathing								Bathing							
Eating								Eating							
Transfers	DD	DD	DD	DD	DD	DD	DD	Transfers	DD	DD	DD	DD		DD	DD
Mobility								Mobility							
Positioning								Positioning							
Toileting								Toileting							
Health-Rel.								Health-Rel.							
Behavior								Behavior							
IADL's (Only recipients Age 18+)								IADL's (Only recipients Age 18+)							
Light Hskping	DD	DD	DD	DD	DD	DD	DD	Light Hskping	DD	DD	DD	DD		DD	DD
Laundry	DD		DD		DD		DD	Laundry	DD		DD			DD	DD
Other Errands		DD		DD		DD		Other		DD		DD		DD	

Acknowledgment and Required Signatures

After the PCA has documented his/her time and activity, the recipient must draw a line through any dates and times he/she did not receive services from the PCA. Review the completed time sheet for accuracy before signing. It is a federal crime to provide false information on PCA billings for Medical Assistance payment. Your Signature verifies the time and services entered above are accurate and that the services were performed as specified in the PCA Care Plan.

Dates/Tmes/Location of client stay in Hospital/Care Facility/Incarceration

Admitted to HCMC 1/17/14 3 AM
Discharged 1/17/14 5 PM

NOTE: All times of client stay in any of the above locations are **NOT** counted as PCA Service Hours, and therefore are **NOT** billable.



Print PCA Name Donald Duck	Provider # A8888888
PCA Signature: <i>Donald Duck</i>	Date: 01 / 14 / 2014
Print Client Name Mickey Mouse	MA # or DOB 07/14/1984
Client or Responsible Party Signature: <i>Mickey Mouse</i>	Date: 01 / 14 / 2014

Please use standard 12 hr time and circle AM or PM.

PCA's: Initial each box in which supports were provided by you for each visit. Timesheets are due on Monday after the last Sunday on the timesheet at 4:30 PM

OFFICE USE ONLY

Two Week Total:

Pro-Health Care, Inc Phone Number: 763-746-8155
3989 Central Ave NE Suite 510, Columbia Heights MN 55421

PCA Phone number: 444-222-6262 . Is there a change of PCA or Client Address? Yes No, If Yes , please update address on the line below.

- Write out COMPLETE dates including year. 01/12/14 instead of 1/12. Also indicate AM or PM for time in and out.
- Calculate the accurate daily total hours.
- Calculate the accurate weekly total hours.
- Initial the appropriate activities performed on a particular day. Only initial ADL's that are on your client's care plan. If you have done "other" activities under IADL's, please specify the name of the activity.
- Enter your provider number on all of your timesheets.
- You must include the client's date of birth.
- You must sign the timesheet.
- You must have the client or the responsible party sign the timesheet, preferably on the last day of the two-week period.
- Indicate in the box in the middle if the client stayed in a care facility. If so, draw a line on that date to indicate that no service was provided.
- If you make an error, DO NOT use whiteout to correct it. Draw a line through the incorrect word or number, initial on one side of the line, and write the correct word or number on the other side of the line.