

Respite Care Time Sheet

2019

Email / Prohealthts@Gmail.com (FAX: 763-746-8154)

Mo/Day/Yr	WEEK 1	TIME IN	TIME OUT	Activities	Total Daily Hrs
/ /19	MON	am pm	am pm		
/ /19	TUE	am pm	am pm		
/ /19	WED	am pm	am pm		
/ /19	THU	am pm	am pm		
/ /19	FRI	am pm	am pm		
/ /19	SAT	am pm	am pm		
/ /19	SUN	am pm	am pm		
Mo/Day/Yr	WEEK 2	TIME IN	TIME OUT	Activities	Total Daily Hrs
/ /19	MON	am pm	am pm		
/ /19	TUE	am pm	am pm		
/ /19	WED	am pm	am pm		
/ /19	THU	am pm	am pm		
/ /19	FRI	am pm	am pm		
/ /19	SAT	am pm	am pm		
/ /19	SUN	am pm	am pm		

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

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	Provider #
PCA Signature:	Date: / / 2019
Print Client Name	MA # or DOB
Client or Responsible Party Signature:	Date: / / 2019

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

Phone Number: 763-746-8155 After Hours Phone: 612-757-2320
Pro-Health Care, Inc / 4710 Central Ave NE , Columbia Heights MN 55421

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