



2415 Annapolis LN N
Suite 130
Plymouth, MN 55441
Phone 612-701-6094
Fax Number: 763-205-6574

Visit Two

Ratio Staff to Recipient	1:1	1:1	1:1	1:1	1:1	1:1	1:1
Shared Services location	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Time In (Circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Time Out (Circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

Total Minutes Per Day	Minutes	Minutes	Minutes	Minutes	Minutes	Minutes	Minutes
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**Total Minutes
This Time Sheet**

Total 1:1 Minutes

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.

Recipient Name (First, MI, Last)	MA Member # or Date of Birth	Recipient Signature	Date
PCA Name (First, MI, Last)	PCA/UMPI Number	PCA Signature	Date

Review PCA Provider Time and Activity Documentation for additional policy information about timesheet requirements.

**ALL SIGNATURES, PCA UMPI NUMBERS, AND MINUTES ARE REQUIRED FOR
TIMESHEET/S TO BE ACCEPTED AND PAID!**