

Love Care & Beyond LLC

151 Silver Lake Rd NW Suite 204
New Brighton, MN 55112

Phone (612)513-7525 Fax (612)234-4697
Email: timesheets@lovecarebeyond.com

Circle select service: PCA

PCA Name:

Dates /Location of Recipient Stay in Hospital

Week ending:

Date of Service <small>(Date MM/DD/YY)</small>	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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Activities

Bathing							
Behavior							
Dressing							
Eating							
Grooming							
Health Related							
Mobility							
Positioning							
Toileting							
Transfers							

IADLs Clients 18+

Light Housekeeping							
Laundry							
Other							

Time VISIT ONE

Ratio staff to recipient	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3
Shared Services Location							
Time In <small>(Circle AM/PM)</small>	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Time Out <small>(Circle AM/PM)</small>	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

Time VISIT TWO

Ratio staff to recipient	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3
Shared Services Location							
Time In <small>(Circle AM/PM)</small>	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Time Out <small>(Circle AM/PM)</small>	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

Daily Totals

(Hours)

Total Hours	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS
	Total 1:1		Total 1:2		Total 1:3		

Acknowledgement and required signatures After the PCA have documented his/her time and activity, the recipient must draw a line through any dates/times he/she did not receive services from the PCA. Review the completed time sheet for accuracy before signing. It is a crime to provide false information on PCA billings for Medical Assistance payment. By signing below, you swear and verify the time and services entered above are accurate and that the services were performed by the PCA listed below as specified in the PCA Care Plan.

Recipient Name (First, Mi, Last)	MA Member# Or DOB	Recipient/Responsible Party Signature	Date
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I certify and swear under penalty of law that I have accurately reported on this time sheet the hours I actually worked, the services I provided, and the dates and times worked. I understand that misreporting my hours is fraud for which I could face criminal prosecution and civil proceedings.

PCA Name(First, Mi, Last)	UMPI Number	PCA Signature	Date
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