

TIMESHEET

PCA Choice 1:1 care

Ability Care Partners, Inc.
PCA Choice Provider

Mail: 5701 Kentucky Ave. N. Suite #119 - Minneapolis, MN 55428
Voice: 612-868-3270 Fax: 612-395-5593 Web Site: www.abilitycare.com

Pay Period End Date:	Month	Date	Year	INSTRUCTIONS: Complete legibly in dark ink, indicate times as AM or PM. Draw a line through any day(s) NOT worked. Timesheets are due every other Tues. by 1:00 pm.			
Consumer Name:			MHCP ID#:		- or - Birthdate:		
PCA Name:			PCA MHCP ID#:				

Week 1 Total Hrs Week 2 Total Hrs Period Total Hrs

Week 1	Date	Time IN	Time OUT	Time IN	Time OUT	Daily Total	Dressing	Grooming	Bathing	Eating	Transfers	Mobility	Positioning	Toileting	Cleaning	Laundry	Health	Behavior	Other
Sun																			
Mon																			
Tues																			
Wed																			
Thu																			
Fri																			
Sat																			

Week 2	Please call us if the Consumer was hospitalized, and indicate any dates/times on this timesheet.							PCA's <u>must</u> initial services provided each day, as specified in care plan.												
Sun																				
Mon																				
Tues																				
Wed																				
Thu																				
Fri																				
Sat																				

Acknowledgement: By signing this document, both parties verify the times/services provided are accurate and that the services were performed as specified in the Consumer's PCA Care Plan. *It is a federal crime to provide false information on PCA billings for Medical Assistance payment. Ability Care Partners will investigate and report any suspected fraud.*

Consumer (or Responsible Party) Signature	Date	PCA Signature	Date
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