



Rx Team Home Health Care LLC
 1027 7th Street NW, Unit 204
 Rochester, MN 55901
 Phone: 507-540-0801 | 844-862-9972 (out Area)
 Fax: 507-481-1399 | Email: info@rxteamhomehealthcare.com

The Team That Understands
Your Health Needs

Complete only if consumer was hospitalized:

Admit	Date	Time	Discharge	Date	Time

No hours can be claimed if Consumer is in the hospital, nursing home, incarcerated or out of home placement

Consumer: _____ DOB: _____ MA# _____ Pay Period End Date: _____

(Please Print)

WEEK ONE

Wk One	Mo/Day/Yr	Time In/Out AM or PM	Time In/Out AM or PM	1:1 Hours	Shared Care			Dressing	Grooming	Bathing	Eating	Transfers	Mobility	Positioning	Toileting	Cleaning	Laundry	Health Related	Behavior	Cooking
					1:2	1:3	Location													
Monday																				
Tuesday																				
Wednesday																				
Thursday																				
Friday																				
Saturday																				
Sunday																				

Maximum Hours per week
40 hours under PCA
for all consumers combined

Total min.

Initial Cares Provided

WEEK TWO

Wk Two	Mo/Day/Yr	Time In/Out AM or PM	Time In/Out AM or PM	1:1 Hours	Shared Care			Dressing	Grooming	Bathing	Eating	Transfers	Mobility	Positioning	Toileting	Cleaning	Laundry	Health Related	Behavior	Cooking
					1:2	1:3	Location													
Monday																				
Tuesday																				
Wednesday																				
Thursday																				
Friday																				
Saturday																				
Sunday																				

Maximum Hours per week
40 hours under PCA
for all consumers combined

Initial Cares Provided

****Your signature verifies the recorded hours and cares checked are true and accurate and that the services were performed as specified in the PCA Care Plan. It is a Federal Crime to provide false information for Medical Assistance payment.**

Employee Signature _____ Date _____

Employee ID/UMPI _____

Responsible Party Signature _____ Date _____

Employee Phone #: _____

Consumer or Responsible Party Phone #: _____

*** Timesheets are due in the office by noon Tuesday following the end of the pay period.
 *** Employees are only paid for time they are physically present and working with the consumer.

Office Use
Total min.
This day period