



The Team That Understands Your Health Needs

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

Complete only if Participant was hospitalized:					
	Date	Time		Date	Time
Admit	<input type="text"/>	<input type="text"/>	Discharge	<input type="text"/>	<input type="text"/>
No hours can be claimed if Participant is in the hospital, nursing home, incarcerated or out of home placement.					

Consumer (Please Print) **DOB:** **MA Number** **Pay Period :** **Start Date** **thru** **End Date**

TIMESHEET

Week One	Mo/Day Yr	Time In AM or PM	Time Out AM or PM	Time In AM or PM	Time Out AM or PM	Hours
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
No more than 40 hours per week for all consumers combined						TOTAL

Week Two	Mo/Day Yr	Time In AM or PM	Time Out AM or PM	Time In AM or PM	Time Out AM or PM	Hours	
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
No more than 40 hours per week for all consumers combined						TOTAL	Pay Period Total

****By signing this timesheet I am verifying the above recorded hours are true and accurate. It is a Federal Crime to provide false information for Medical Assistance payment.**

Employee Signature **Date** **Employee Name (Printed)** **Emp ID (on PayStub)** **Consumer or Responsible Party Signature** **Date**

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

Employee Phone Number:

Consumer or Responsible Party Phone Number: