



Facility THERAPY SERVICES TIMESHEET — TIME IN/TIME OUT

I understand as a condition of my employment, I must adhere to the scheduled visits/hours allocated to the consumer for whom I provide care. If a budget is modified, ExpertCare Management Services is the only party that can authorize a change in your work schedule. Violation of this policy will result in disciplinary action up to and including termination. **Staff:** Please fill in completely. Keep a copy for yourself. The ExpertCare copy of the completed time card **must be received** in our office by 8:00am on Monday, **regardless of a holiday**. Failure to turn in your timesheet by the deadline will result in delay of pay until the next pay date.

Week Ending	Consumer Name (Please Print)	Staff Name (Please Print)

	Mon	Tues	Wed	Thurs	Fri	
Date:						Visit type OTE- OT Eval OTV- OT Re-Eval
Face-2 FaceTime In						FT- Family Training
Face- 2 Face Time out						OTP- OT Treatment ITA- Individual Therapeutic Activities SI-Sensory Integrative Techniques
Visit Type						STE- Evaluation STT- Speech Treatment
Documentation Time (in minutes)						TP- Treatment Planning PSR- Periodic Service Review
Travel Time to Next Client (in minutes)						
Mileage to next client (in miles)						

I attest, under the penalty of perjury, I have worked the time declared above and they are true, correct and compliant with Federal and State Funds. Signatures are not to be copied from a previous timesheet and must be the original signatures. Consumers, by signing this timesheet you attest that all information is accurate. No whiteout or pre-signed timesheets will be accepted. Timesheets must reflect actual time worked.

Staff Signature: _____ **Credentials:** _____ **Date:** _____

Printed Name: _____ **Last 4 digits of social security:** _____

Authorized Consumer Signature: _____ **Date:** _____

Printed name of authorized signer: _____ **Relationship to Consumer:** _____

IMPORTANT - A COMPLETED TIMESHEET INCLUDES BOTH THIS TIME RECORD AND COMPLETED DOCUMENTATION SUBMITTED.

IT IS A REQUIREMENT THAT SERVICES ARE DOCUMENTED TOWARD THE GOALS IN THE PLAN OF SERVICE. ANY QUESTIONS PLEASE CALL 1-866-812-8896