

471-000-92 Instructions for Completing Form MC-37E/S, "Service Provider Time Sheet"

Use: Form MC-37E/S is used by service providers to record the number of hours and the services provided to clients.

Number Prepared: One copy of the two-part Form MC-37E/S is completed.

Completion: The service provider must complete Form MC-37E/S as follows:

Enter the client's name and case number.

Enter the dates of the week in which services are being provided.

Enter the time you begin working each day in the "From" column for that specific day of the week. Enter the time you stopped working each day in the "To" column for that specific day of the week. Enter total number of hours worked for that day. At the end of each week, enter the total number of hours worked during the week.

Enter a description of specific services provided each day.

Signature: At the end of employment or at the end of two weeks, the service provider must sign and date this form, and include his/her address and provider number.

The client must sign and date this form after it is completed by the provider.

Distribution: The service provider sends Form MC-37E/S (white copy) to the client's local office with Form HHS-5N, N-FOCUS Health and Human Services Billing Document and retains the yellow copy.

Retention: Local staff retains Form MC-37E/S (white copy) as part of the client's case record.

**SERVICE PROVIDER TIME SHEET**  
**(HOJA DE HORARIO PARA EL CUIDADO EN CASA)**  
**Nebraska Health and Human Services System**  
**(System de Salud y Servicios Humanos de Nebraska)**



This time sheet is a legal document completed by you to reflect accurately the dates and units of service provided. Both the provider and the client sign and date the time sheet verifying the accuracy of this form. Enter the time you begin and the time you stop working each day service is provided. A description of services provided must be recorded daily and the hours totaled. Time sheets and billing documents should be submitted within 90 days of service and can be submitted bi-weekly or monthly. Return time sheet and corresponding billing document to your specified worker.

(Esta hoja de horario es un documento legal llenado por usted para reflejar exactamente las fechas y unidades del servicio proveido. El proveedor y el cliente firman y ponen la fecha en la hoja de horario verificando la exactitud de esta forma. Anote la hora que empezó y la hora que terminó de trabajar cada día que el servicio fue proveido. Una descripción de los servicios proveidos tiene que ser anotada diariamente y las horas sumadas. Las hojas de horario y los documentos de cobro deben ser sometidos dentro de 90 días del servicio y pueden ser sometidos 2 veces al mes o mensualmente. Regrese a el-la trabajador(a) especificada, la hoja de horario y el documento de cobro que corresponde.)

Client's Name (Nombre del Cliente)	Client's Number (Número del Cliente)
---------------------------------------	---

Week of (Semana de) _____								
Hours Horas	Mon Lunes	Tues Martes	Wed Mier.	Thurs Jueves	Fri Viernes	Sat Sab.	Sun Dom.	Total Hours Total de Horas
From (Desde)								
To (Hasta)								
Total								

DESCRIPTION OF SERVICES PROVIDED (Descripción de Servicios Proveidos)	
Monday (Lunes)	
Tuesday (Martes)	
Wednesday (Miercoles)	
Thursday (Jueves)	
Friday (Viernes)	
Saturday (Sabado)	
Sunday (Domingo)	

I hereby certify that the above hours/days are correct and accurate. (Por medio de la presente, yo certifico que las horas/días anteriores son correctas y precisas). Sign Here - Provider (Firma del Proveedor)	Provider Number (Número del Proveedor)	
	Date (Fecha)	

Street Address (Dirección)	City (Ciudad)	State (Estado)
----------------------------	---------------	----------------

Sign Here - Client (Firma del Cliente)	Date (Fecha)
--	--------------

