

Medicaid and Long Term Care Services
Personal Assistance Services Provider Time Sheet

This Record of Services is a legal document completed by you to record the dates and units of service provided. Both the provider and the client must sign and date this record verifying the accuracy of this information. Total units must be recorded daily. This Record of Services with the billing document must be submitted within 90 days of service. Return this Record of Services with the billing document to your specified worker. The Provider is responsible for keeping records for six years.

Client's Name _____	Client's ID Number _____	Provider Name _____
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Month _____

Year _____

Date	Service Code	Time in and out	Total Units In Quarter Hours (15 min.)
1		In	
		Out	
2		In	
		Out	
3		In	
		Out	
4		In	
		Out	
5		In	
		Out	
6		In	
		Out	
7		In	
		Out	
8		In	
		Out	
9		In	
		Out	
10		In	
		Out	
11		In	
		Out	
12		In	
		Out	
13		In	
		Out	
14		In	
		Out	
15		In	
		Out	
16		In	
		Out	

Date	Service Code	Time in and out	Total Units In Quarter Hours (15 min.)
17		In	
		Out	
18		In	
		Out	
19		In	
		Out	
20		In	
		Out	
21		In	
		Out	
22		In	
		Out	
23		In	
		Out	
24		In	
		Out	
25		In	
		Out	
26		In	
		Out	
27		In	
		Out	
28		In	
		Out	
29		In	
		Out	
30		In	
		Out	
31		In	
		Out	
TOTAL			

Please attach any notes or information as needed.
 I hereby certify that the above hours/days are correct and accurate and understand that fraudulent claims may result in prosecution.

Provider Signature _____	Date _____	Provider Number _____
Client/Guardian Signature _____	Date _____	