

Achieve Healthcare PCA Time and Activity Documentation

7533 Sunwood Drive, #212, Ramsey, MN 55303

Phone: 763-913-1325 or 218-829-9497

Achieve Healthcare does not allow PCAs to work more than 40 hours in a 7 day period or more than 275 in one-month

Dates of Service							
	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY

Activities

Dressing							
Grooming							
Bathing							
Eating							
Transfers							
Mobility							
Positioning							
Toileting							
Health Related							
Behavior							

IADLs

Housekeeping							
Laundry							

Visit One

Staff Ratio	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3
Time In (circle AM / PM)			AM PM			AM PM			AM PM			AM PM			AM PM			AM PM
Time Out (circle AM / PM)			AM PM			AM PM			AM PM			AM PM			AM PM			AM PM

Visit Two

Staff Ratio	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3	1:1	1:2	1:3
Time In (circle AM / PM)			AM PM			AM PM			AM PM			AM PM			AM PM			AM PM
Time Out (circle AM / PM)			AM PM			AM PM			AM PM			AM PM			AM PM			AM PM

Daily Total (Hours)							

Total Hours This Time Sheet	Total 1:1	Total 1:2	Total 1:3
	Hours	Hours	Hours

Acknowledgement and Required Signatures

It is a federal crime to provide false information on PCA billings for Medical Assistance payment. Your signatures verify the time and services entered above are accurate and that services were performed as specified in the PCA Care Plan.

Please enter dates and location of recipient stays in a hospital, care facility or incarceration: _____

RECIPIENT NAME (First, Last)	MA # or BIRTH DATE	PCA NAME (First, Last)	PCA NPI/UMPI
RECIPIENT / RESPONSIBLE PARTY SIGNATURE	DATE	PCA SIGNATURE	DATE

PCA PHONE NUMBER

OFFICE USE ONLY TIMESHEETS ARE DUE EVERY OTHER WEDNESDAY BY 6PM

PCA Hours: _____
 Pending: _____
 Date Paid: _____ Check #: _____
 Cashè

Page ____ of ____

Please fax or email to:
1-866-726-3973 or 763-712-3916
toni@achievehealthcarepca.com