

Achieve Healthcare PCA Time and Activity Documentation

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

Dressing							
Grooming							
Bathing							
Eating							
Transfers							
Mobility							
Positioning							
Toileting							
Housekeeping							
Laundry							
Health Related							
Behavior							
Other							

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

Visit Three

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)							
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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.

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

OFFICE USE ONLY

PCA Hours: _____
 Pending: _____
 Date Paid: _____ Check #: _____
 Medisoft Flex Log Units: _____

PCA PHONE NUMBER
