

# Foundations Group of MN, Inc.

## PCA and PCA Choice Timecard / Billing

Please use for direct time only, training time is documented on additional form

Please use one form per Recipient

\*\*Please be sure to complete Daily Service Record on back\*\*

PCA Name: \_\_\_\_\_

Recipient Name: \_\_\_\_\_

MHCP Provider (UMPI) #: \_\_\_\_\_

Recipient MHCP id # or DOB: \_\_\_\_\_

PCA Relationship to Recipient:     Parent/Adoptive parent (U1)       Sibling (U2)       Adult Child (U3)  
 Grandparent (U4)       Grandchild (UB)       No relationship/Not related as any of the above (UD)

Pay Period Dates   /  /   to   /  /  

		<b>**Please circle AM or PM and Staff to Consumer Ratio**</b>									<b>Total Hrs.</b>		
		<b>Visit One</b>			<b>Visit Two</b>			<b>Visit Three</b>					
<b>DATE:</b>		<i>In</i>	<i>Out</i>	<i>Ratio</i>	<i>In</i>	<i>Out</i>	<i>Ratio</i>	<i>In</i>	<i>Out</i>	<i>Ratio</i>	1:1	1:2	1:3
<b>Week One</b>	<i>Sunday</i>	AM PM	AM PM	1:1 1:2 1:3	AM PM	AM PM	1:1 1:2 1:3	AM PM	AM PM	1:1 1:2 1:3			
	<i>Monday</i>	AM PM	AM PM	1:1 1:2 1:3	AM PM	AM PM	1:1 1:2 1:3	AM PM	AM PM	1:1 1:2 1:3			
	<i>Tuesday</i>	AM PM	AM PM	1:1 1:2 1:3	AM PM	AM PM	1:1 1:2 1:3	AM PM	AM PM	1:1 1:2 1:3			
	<i>Wednesday</i>	AM PM	AM PM	1:1 1:2 1:3	AM PM	AM PM	1:1 1:2 1:3	AM PM	AM PM	1:1 1:2 1:3			
	<i>Thursday</i>	AM PM	AM PM	1:1 1:2 1:3	AM PM	AM PM	1:1 1:2 1:3	AM PM	AM PM	1:1 1:2 1:3			
	<i>Friday</i>	AM PM	AM PM	1:1 1:2 1:3	AM PM	AM PM	1:1 1:2 1:3	AM PM	AM PM	1:1 1:2 1:3			
	<i>Saturday</i>	AM PM	AM PM	1:1 1:2 1:3	AM PM	AM PM	1:1 1:2 1:3	AM PM	AM PM	1:1 1:2 1:3			
<b>Week Two</b>	<i>Sunday</i>	AM PM	AM PM	1:1 1:2 1:3	AM PM	AM PM	1:1 1:2 1:3	AM PM	AM PM	1:1 1:2 1:3			
	<i>Monday</i>	AM PM	AM PM	1:1 1:2 1:3	AM PM	AM PM	1:1 1:2 1:3	AM PM	AM PM	1:1 1:2 1:3			
	<i>Tuesday</i>	AM PM	AM PM	1:1 1:2 1:3	AM PM	AM PM	1:1 1:2 1:3	AM PM	AM PM	1:1 1:2 1:3			
	<i>Wednesday</i>	AM PM	AM PM	1:1 1:2 1:3	AM PM	AM PM	1:1 1:2 1:3	AM PM	AM PM	1:1 1:2 1:3			
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	<i>Saturday</i>	AM PM	AM PM	1:1 1:2 1:3	AM PM	AM PM	1:1 1:2 1:3	AM PM	AM PM	1:1 1:2 1:3			
<b>Pay Period Totals:</b>													

**\*\*It is a federal crime to provide false information on PCA billing for Medical Assistance payment. Your signature verifies the time and services entered are accurate and that the services were performed as specified in the PCA Care Plan.\*\***

/ /

PCA Signature

Date

/ /

Recipient or Responsible Party Signature

Date

\*please draw a line through dates if services were not received\*

**(signature required on back also)**