

TruCore

HOME CARE SERVICES

40 W Germantown Pike, Suite 101 | Norristown, PA 19401

833-TRU-CARE
(833-878-2273)

EIN#: 46-4672480

Keystone Provider ID#: 30759931

ACTIVITY RECORD

IF THE CLIENT IS IN THE HOSPITAL OR NOT RECEIVING CARE FOR ANY REASON YOU MUST REPORT TO TRUCARE AT 610-878-2273

YOU MUST CHECK OFF THE DUTIES PERFORMED DURING YOUR SHIFT(S) BELOW

TIME-SHEET

CLIENT NAME: _____

MEDICAID ID: _____

EMPLOYEE NAME: _____

PHONE NUMBER: _____

LAST 4 SSN: _____

	<i>VISIT DATE</i>	<i>CLOCK-IN TIME</i>	<i>CLOCK-OUT TIME</i>	<i>TOTAL HRS WORKED</i>
SATURDAY				
SUNDAY				
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				

LOCATION SERVICES PROVIDED: _____

REASON FOR MISSED EVV: _____

ATTESTATION

We, the undersigned, confirm that all information provided on this time-sheet is accurate and true to the best of our knowledge. We understand that any falsification or misrepresentation of information may be subject to administrative, civil, or criminal liability under applicable laws

Employee Signature:

Client Signature:

IF YOUR CLIENT IS IN THE HOSPITAL, REHAB OR OUT OF STATE YOU ARE NOT ALLOWED TO WORK

ANY HOURS PAID TO YOU WILL BE RECOUPED AND REPORTED AS FRAUD TO THE MCO AND OFFICE OF ATTORNEY GENERAL

DAILY DUTIES	SAT	SUN	MON	TUE	WED	THU	FRI
BATH: BATH/SHOWER, SPONGE/BED BATH, SHAMPOO, SHAVE, ORAL/DENTURE CARE, DRESSING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLADDER: CATHETER, TOILET/COMMODE, BEDPAN/URINAL, BRIEF/PAD, PERICARE, INCONTINENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RANGE MOTION: BRACES, APPLY LIMB PROSTHESIS, ASSIST WITH MOVEMENT, TEDS/ACE WRAPS, AMBULATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SKIN: LOTION, NAIL CARE, TURN & POSITION, FOOT SOAK, DRESSING CHANGE, GLASSES, HEARING AIDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEALS: MEAL PREP, RESTRICT/PUSH FLUIDS, FEED CLIENT, WEIGHT SUPPLEMENT GIVEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOUSEHOLD: VACUUM, LAUNDRY, BATHROOMS KITCHEN/DISHES, GARBAGE, MAKE BED/LINENS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IADL: SHOPPING, APPOINTMENTS, SOCIAL INTERACTION, COMPANIONSHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE SEND YOUR TIME-SHEET TO:

Time-Sheet Approved By:

Email: payroll@tc-hc.com

Fax: 610-500-5095