BEST CARE
YOUR CARE. YOUR WAY.

TIMESHEETS ARE DUE EVERY THURSDAY BY 9AM

TWIN CITIES FAX TO 763.592.8262 OR 651.964.3801
EMAIL TO: TIMESHEETS@BESTCAREMN.COM

Select Service:

Select Service

Agency Name Best Care	PHONE NUMBER 6513302550
DATES/LOCATION OF RECIPIENT STAY IN HOSPITAL/CARE FACILITY/INCARCERATION	Week Ending:

Dates of Service (in consecutive order)	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY

Visit One

Time In:	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Time Out:	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

Visit Two

Time In:	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Time Out:	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

Daily Totals:							

Week Totals: 0

Acknowledgement and required signatures

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

RECIPIENT NAME (FIRST, MI, LAST)	MA MEMBER # or DATE OF BIRTH	RECIPIENT/RESPONSIBLE PARTY SIGNATURE	DATE
EMPLOYEE NAME (FIRST, MI, LAST)	NPI/UMPI	**EMPLOYEE** SIGNATURE	DATE