PROFESSIONAL HEALTHCARE, INC.

Medicaid /insurance approves an exact number of hours per day. Do not work beyond these hours. Do not overlap time with another nurse. Any exceptions must be approved by office. (Call 872-7999 promptly for approval of any exceptions) This client is approved for:

Client Name: Joe Client

DAY DATE	TIME IN	TIME OUT	TOTAL HOURS	PRINT NAME	Did client visit a medical facility, clinic, office, etc. during shift? If yes, send FVR to office with this timesheet.	OFFICE USE
SUN					YES NO	
					YES NO	
11/7					YES NO	
					YES NO	
					YES NO	
MON	7 PM	12 AM	5	Jane Nurse, LPN	YES (NO)	
					YES NO	
11/8					YES NO	
					YES NO	
					YES NO	
TUE	12 AM	7 AM	7	Jane Nurse, LPN	YES (NO)	
	7 AM	7 PM	12	Jim Nurse, RN	(YES) NO	M
	7 PM	12 AM	5	Jane Nurse, LPN	YES (NO)	
11/9	7 PM	12 AM	5	Jenny Nurse, LPN	YES (NO)	O
					YES NO	
WED	12 AM	7 AM	7	Jane Nurse, LPN	YES (NO)	
	12 AM	7 AM	7	Jenny Nurse, LPN	YES (NO)	O
					YES NO	
11/10					YES NO	
					YES NO	
THU					YES NO	
					YES NO	
11/11					YES NO	
					YES NO	
					YES NO	
FRI					YES NO	
					YES NO	
11/12					YES NO	
					YES NO	
					YES NO	
SAT					YES NO	
					YES NO	
11/13					YES NO	
					YES NO	
					YES NO	

SIGNATURE REQUIRED by authorized person to verify that employees and hours are correct.

Signature Joe Client Week of 11/7/2010 to 11/13/2010

Revised 7/22/2008