

## **FIELD STAFF Daily Visit Time Sheet**

Employee Name:

Employee Title:

1d Pay Period | 1st - 15th (Submes, Inc.)

Home Health and Hospice Care Services, Inc. ☐ 16th - 30th/31st (Submit time sheet no later than 2nd/3rd of each month) (Submit time sheet no later than the 17th of each month)

Date					
Patient #					
Code					
Time in					
Time Out					
Comments					
Patient/Caregiver Signature					

	Codes
DC   Discharge	RC   Re-Certification
E  Evaluation	ROC   Resumption
M   IDT Meeting	RV   Re-Visit
NB   Non-Billable	SOC   Start of Care
O   Orientation	SUPY   Supervisory Visit

## DISCLAIMER

- \*All overtime must be pre-approved by your manager.
- \*\*Certify that hours worked are correct for the date(s) listed above.

inputted into HospiceMD which may result in payment on the next pay period pay check. notify you of any incomplete/missing visit(s). Payment will be held until visit(s) are from time of visit. Office staff will verify above visit(s) against HospiceMD, and will All documentation must be completed and entered into HospiceMD within 48 hours

Date Signed:	

Employee Signature:

Date signed: