LKiChoice

Attention: Time reports received after the due date on the Pay Schedule report will be paid with the following payroll. *NO EXCEPTIONS*. The program and/or Fiscal Agent are not responsible for paying hours that exceed the authorized hours.

Employee Name: _____ Person Receiving Services (Member): _____

Period Beginning: _____ (MM/DD/YY) to Period Ending: _____ (MM/DD/YY)

Fixed Visit Verification Timesheet

Date Month/Day/Year	6 Digit Visit Verification Number	Time In: Hour:Minute	AM or PM	6 Digit Visit Verification Number	Time Out: Hour:Minute	AM or PM	Service Code	Total Hours Worked
You are REQUIRED to call in both of your 6-Digit Visit Verification Numbers to Sandata after each visit!								

Page _____ of _____ **Total hours for this page: _____**

"I/We, the Member/Employee, certify that the above hours listed were worked listed, the services were provided in accordance with the care plan, and the Member was NOT in a hospital, nursing home, or institution. Falsification of this timesheet is considered Medicaid Fraud and may result in dismissal from the program and/or criminal prosecution."

Member/POA/Guardian	Date Signed:	Employee Signature:	Date Signed:
Signature:_____	_____/_____/_____	_____ Contact Phone Number: _____	_____/_____/_____

Please check your Funding Source:

❑MyChoice/Care (MCW) ❑ Independent Care - iCare ❑Inclusa ❑ Lakeland Care Inc ❑ Menominee ITOW ❑Other _____

Submit Time Report to LKiChoice at: 106 S Beaumont Rd, Prairie du Chien, WI 53821 Fax # 1-844-634-7225 Payroll email: payroll@lkichoice.com Website: www.lkichoice.com