



Home Health Time Sheet- Please use this form if seeing patients for agency other than Choice Homecare.

Date: _____

Time In	Time Out	Mileage Start	Mileage End	Mileage Total	Patient 1 st initial and last name	Agency, Patient location (City, State)	Date Documentation Complete and Turned In

***Mileage starts after first visit or place of employment. Do not count mileage from home to first patient or from last patient back to home.**

Total Mileage: _____

Number of billable visits: _____

Number of missed visits: _____

My signature below indicates that the above visits have been completed and all documentation has been turned in to appropriate location.

Therapist Signature

Email to payroll@choicerehab.com by Monday no later than 9:00am for payment on current payroll cycle.