CHOICE

Late Task Time Sheet
Date Timesheet Submitted:_____

Original Date of Visit	Type of Visit: ROC, SOC, SN, PT Eval, PT Visit, Etc.	Patient 1st initial and last name	Mileage Associated with this Visit	Choice Agency Location	Date Documentation Complete and Turned In

Total Mileage: _____

These visits will be researched and calculated for accuracy. Please allow 30 days for complete audit to take place and visits to be reimbursed on payroll.

My signature below indicates that the above visits have been completed and all documentation has been submitted.

_____ _____
Print Name Signature

Email to payroll@choicetx.com for Homecare employees or payroll@choicerehab.com for all Rehab employees.