



Guthrie Mainstream Services Individual Member Timesheet

Month/Year: _____

Page: _____ of _____

Provider Name: _____ Member Name: _____

Member ID: _____ Field Supervisor: _____ PPL: _____ FOCUS: _____

Legend table for Service Codes (ATC, HAH, RSP) and Location Codes (AC, GC, CLC, DC, HCBS, CH, ADH/CDH).

Main timesheet grid with columns for Date, Time In, Time Out, and various service codes (ATC, HAH, RSP) and Location Code.

Provider Signature: _____ Date: _____

Responsible Person's Signature: _____ Date: _____

GMS Administration: _____ Date: _____

Do not initial and/or sign until after services have been provided. By signing, the provider and responsible person certify the hours of service are correct. Billing document must be legible and accurate for payment to be made.