

New Mexicare Timesheet

To avoid your timesheet being rejected, please make sure you complete the respective sections completely and it is signed by the Employer.



1. Participant Name	2. Participant Identification Number 	SERVICES <i>New Mexicare</i> • Personal Attendant Services <i>New Mexicare</i> • Respite
3. Caregiver Name	4. Caregiver Identification Number 	
5. Month/Year Month: Year:	<i>For instructions on completing the timesheet, visit www.palcofirst.com</i>	

6. Services Provided									
Date	Service Type	Time In H H	Min - Round to the nearest 15 min			Time Out H H	Min - Round to the nearest 15 min		
			☐ 00 ☐ 30	☐ 15 ☐ 45	☐ AM ☐ PM		☐ 00 ☐ 30	☐ 15 ☐ 45	☐ AM ☐ PM
			☐ 00 ☐ 30	☐ 15 ☐ 45	☐ AM ☐ PM		☐ 00 ☐ 30	☐ 15 ☐ 45	☐ AM ☐ PM
			☐ 00 ☐ 30	☐ 15 ☐ 45	☐ AM ☐ PM		☐ 00 ☐ 30	☐ 15 ☐ 45	☐ AM ☐ PM
			☐ 00 ☐ 30	☐ 15 ☐ 45	☐ AM ☐ PM		☐ 00 ☐ 30	☐ 15 ☐ 45	☐ AM ☐ PM
			☐ 00 ☐ 30	☐ 15 ☐ 45	☐ AM ☐ PM		☐ 00 ☐ 30	☐ 15 ☐ 45	☐ AM ☐ PM
			☐ 00 ☐ 30	☐ 15 ☐ 45	☐ AM ☐ PM		☐ 00 ☐ 30	☐ 15 ☐ 45	☐ AM ☐ PM
			☐ 00 ☐ 30	☐ 15 ☐ 45	☐ AM ☐ PM		☐ 00 ☐ 30	☐ 15 ☐ 45	☐ AM ☐ PM
			☐ 00 ☐ 30	☐ 15 ☐ 45	☐ AM ☐ PM		☐ 00 ☐ 30	☐ 15 ☐ 45	☐ AM ☐ PM
			☐ 00 ☐ 30	☐ 15 ☐ 45	☐ AM ☐ PM		☐ 00 ☐ 30	☐ 15 ☐ 45	☐ AM ☐ PM
			☐ 00 ☐ 30	☐ 15 ☐ 45	☐ AM ☐ PM		☐ 00 ☐ 30	☐ 15 ☐ 45	☐ AM ☐ PM
			☐ 00 ☐ 30	☐ 15 ☐ 45	☐ AM ☐ PM		☐ 00 ☐ 30	☐ 15 ☐ 45	☐ AM ☐ PM
			☐ 00 ☐ 30	☐ 15 ☐ 45	☐ AM ☐ PM		☐ 00 ☐ 30	☐ 15 ☐ 45	☐ AM ☐ PM
			☐ 00 ☐ 30	☐ 15 ☐ 45	☐ AM ☐ PM		☐ 00 ☐ 30	☐ 15 ☐ 45	☐ AM ☐ PM
			☐ 00 ☐ 30	☐ 15 ☐ 45	☐ AM ☐ PM		☐ 00 ☐ 30	☐ 15 ☐ 45	☐ AM ☐ PM
			☐ 00 ☐ 30	☐ 15 ☐ 45	☐ AM ☐ PM		☐ 00 ☐ 30	☐ 15 ☐ 45	☐ AM ☐ PM
			☐ 00 ☐ 30	☐ 15 ☐ 45	☐ AM ☐ PM		☐ 00 ☐ 30	☐ 15 ☐ 45	☐ AM ☐ PM
			☐ 00 ☐ 30	☐ 15 ☐ 45	☐ AM ☐ PM		☐ 00 ☐ 30	☐ 15 ☐ 45	☐ AM ☐ PM
			☐ 00 ☐ 30	☐ 15 ☐ 45	☐ AM ☐ PM		☐ 00 ☐ 30	☐ 15 ☐ 45	☐ AM ☐ PM

7. Checklist:			
☐ Filled in date & time in/out	☐ Timesheet submitted after hours worked	☐ Used blue or black ink	
☐ Verified hours worked each day/week	☐ Employer & caregiver both signed	☐ Did NOT use white-out	

8. Caregiver Signature	8a. Date	8b. Employer Signature	8c. Date

Your signature confirms the information provided above is complete and accurate.

Timesheets are due to Palco by 12:00 pm Mountain Time on the first day after the end of the pay period.

Fax: 1-877-859-8757 Email: timesheets@palcofirst.com Mail: P.O. Box 13260 Maumelle, AR 72113