

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 <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	2. Participant Identification Number <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	SERVICES <i>New Mexicare</i> • Personal Attendant Services <i>New Mexicare</i> • Respite <i>New Mexicare</i> • Transportation
3. Caregiver Name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	4. Caregiver Identification Number <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
5. Month/Year Month: <div style="border: 1px solid black; width: 40px; height: 20px;"></div> Year: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>		

For instructions on completing the timesheet, visit www.palcofirst.com

6. Services Provided									
Date	Service Type (PAS, Respite, Transportation)	Time In H H	Min - Round to the nearest 15 min			Time Out H H	Min - Round to the nearest 15 min		
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7. Checklist:			
<input type="checkbox"/> Filled in date & time in/out	<input type="checkbox"/> Timesheet submitted after hours worked	<input type="checkbox"/> Used blue or black ink	
<input type="checkbox"/> Verified hours worked each day/week	<input type="checkbox"/> Employer & caregiver both signed	<input type="checkbox"/> Did NOT use white-out	

8. Caregiver Signature <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	8a. Date <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	8b. Employer Signature <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	8c. Date <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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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