



Client Name _____

Contractor Name _____

Week Beginning: _____

Week Ending : _____

Day	Date	In	Out	In	Out	In	Out	Total
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
								Total Hours

Independent Contractor Signature:

Date _____

Client Signature:

Date _____

Office Manager/Quality Assurance Coordinator Signature:

Date _____

To ensure you receive a paycheck, record of access logs are due weekly with your log and progress notes. Documentation will be late if not received in the office by 10:00 a.m. on Monday. If documentation is late, there will be a delay in receiving your payroll check. By signing this record of access log, I certify as the client and contractor that no Medicaid fraud or other fraudulent activities such as exploitation, abuse, or neglect, etc. have occurred during this week. Additionally, I certify that the client has not been hospitalized or admitted to any other facility during the same time which I am claiming to have worked. I understand that falsification of records and reporting time not worked is indicative of Medicaid fraud and will be reported to the proper authorities.