



It is your responsibility to verify that your completed and accurate timesheet has been received by Lori Knapp Choice™ once submitted via mail, fax, or email.

Please allow 48 hrs. before verification contact.

Employee Name:		Person Rec	ceiving Servic	es (Member):		
Pay Period Beginning (MM/DD/YY):			Pay Period Ending (MM/DD/YY):			
Knapp Choice™ is no		ours that exceed the aut	horized hours	nid with the following payro s. Falsification of this timeshee		
Date: Month/Day/Year	Service Code	Time In: Hour/Minute	AM/PM	Time Out: Hour/Minute	AM/PM	Total Hours Worked
Page o	of	Total hours for this				
employee worked the hou	ng party, certify that the above ars listed for this member, the serv nce with the care plan, and the me			Date signed	l:/	
worked and listed for this member, were provided in accordance with the care plan, and the member was NOT		Signature:				
			Email:			
Please check your Funding Source: □MyChoice □CareWi (MCW) □ Independent Care - iCare □Inclusa □ Lakeland Care Inc □ Menominee ITOW □CLTS County: □Other:						

Submit Timesheet to Lori Knapp Choice™ at: 106 S Beaumont Rd, Prairie du Chien, WI 53821,

Fax # 1-844-634-7225, OR Payroll email: payroll@lkichoice.com

Website: www.lkichoice.com PH # 1-844-534-7225

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