



**Home Care Time Card with Mileage**

Grand Rapids Fax: (616) 365-9254  
Livonia Fax: (248) 888-9003  
payroll@qcihealthcare.com

Employee (print): \_\_\_\_\_ Employee (signature): \_\_\_\_\_

Date/Day	Time IN	Time OUT	Time Total	Verify Signature*

Date	Origin - Destination	Odometer	Total Miles	Purpose
<b>TOTAL MILEAGE</b>				

\* By accepting services from QCI Healthcare, I and/or my representatives specifically acknowledge that QCI Healthcare is providing services for my benefit, and for my care, recovery, and rehabilitation. I hereby assign my right to bring a lawsuit against any responsible insurer for payment of the full charges for all services provided thru the present date to QCI Healthcare in exchange for the services provided to me.



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