

APPENDIX D

Appendix D Medicaid Administrative Claiming Sample Log Forms

Participant: _____ Consortium: _____
 Job Category: _____ District: _____
 Date: _____

Time:	Activity	Code
7:00-7:15		
7:15-7:30		
7:30-7:45		
7:45-8:00		
8:00-8:15		
8:15-8:30		
8:30-8:45		
8:45-9:00		
9:00-9:15		
9:15-9:30		
9:30-9:45		
9:45-10:00		
10:00-10:15		
10:15-10:30		
10:30-10:45		
10:45-11:00		
11:00-11:15		
11:15-11:30		
11:30-11:45		
11:45-12:00		
12:00-12:15		
12:15-12:30		
12:30-12:45		
12:45-1:00		
1:00-1:15		
1:15-1:30		
1:30-1:45		
1:45-2:00		
2:00-2:15		
2:15-2:30		
2:30-2:45		

Participant: _____ Consortium: _____
Job Category: _____ District: _____
Date: _____
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2:45-3:00		
3:00-3:15		
3:15-3:30		
3:30-3:45		
3:45-4:00		
4:00-4:15		
4:15-4:30		
4:30-4:45		
4:45-5:00		

