

QCI HEALTHCARE - TIME CARD Email to: payroll@qcihealthcare.com		<u>Grand Rapids</u> Office (616) 365-9290 Fax (616) 365-9254		<u>Detroit (Livonia)</u> Office (248) 888-9030 Fax (248) 888-9003		<u>Kalamazoo</u> Office (269) 353-3327 Fax (616) 365-9254		<u>Lansing</u> Office (517) 679-2670 Fax (616) 365-9254		
		Employee Name:				Discipline: <input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> CNA/HHA <input type="checkbox"/> Other				
Facility:				Day Worked (circle): Su M T W Th F S Holiday						
Unit:				Shift Worked (circle): 1st 2nd 3rd						
QCI Healthcare's work week is from Sunday to Saturday . It is the responsibility of the team member to complete the time sheet accurately and promptly. Time Cards are due by NOON on SUNDAY • Email to: payroll@qcihealthcare.com or fax to (616) 365-9254										
DATE WORKED		START TIME		END TIME		TOTAL HOURS		Lunch (RQD 30Min)		No Lunch Authorized
/ /								Yes No		Initial:
EMPLOYEE Signature:								Date:		
AUTHORIZED CLIENT Signature:								Date:		
CLIENT: I certify that I am authorized to sign on behalf of the client and that the information provided is accurate and reimbursable according to the terms of agreement between QCI Healthcare and client facility, third party or individual. Client understands the terms and conditions on the back of this documentation and agrees to pay total hours worked.										
Notes:										

White: QCI Office • Yellow: Facility/Client • Pink: Employee

QCI HEALTHCARE

Client hereby confirms agreement with QCI Healthcare as to the term of services rendered by QCI Healthcare now and in the future.

TERMS AND CONDITIONS

1. QCI Healthcare reserves the right to establish payment and benefits with Provider, and assumes responsibility for the payment for such compensation.
2. Client will be charged a 4 hour minimum, if any scheduled shift is canceled after the 2 hour minimum (2 hours prior to shift).
3. Client acknowledges and agrees that the healthcare provider assigned by QCI Healthcare is not an employee of the client.
4. Client understands QCI Healthcare contract agreement and accepts the responsibility to discuss all matters regarding their contract, with QCI Healthcare.
5. Facility/Healthcare Provider agrees to pay QCI Healthcare a conversion fee of 25% of the compensation package offered. If the hiring facility does not pay the conversion fee, the Healthcare Provider will be held responsible.
6. Client shall indemnify and save QCI Healthcare harmless for claims and demands arising out of the Occupational Safety and Health Act as it relates to premises owned or controlled by client and which QCI Healthcare Providers are assigned.
7. Client agrees not to entrust QCI Healthcare and/or Provider with unattended valuables.
8. Client agrees that all hours worked will be billed accordingly to contract with client.
9. Client agrees to the work week Sunday first shift through Saturday third shift.
10. Holidays that are billed at time and one half times the hourly rate: New Year's Day/Eve, Easter, Labor Day, 4th of July, Memorial Day, Thanksgiving and Christmas Day/Eve unless a client contract states otherwise.
11. Invoices are prepared weekly and due upon receipt of invoice. A service charge of 7% per year will be added to all amounts outstanding after 30 days. If there is a need to turn this over for collection, Client will be responsible for reasonable attorney fees and court costs as specified by the laws of the State of Michigan.
12. Client and Provider understand and agree that the hours worked as indicated on the front of this time ticket are correct and that any falsification of said information may subject the culpable party to civil and criminal liability.

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For questions regarding billing please call: (616) 365-9290