

<b>OFFICE USE ONLY</b> BILL ID #
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Client Name	Client ID #	Phone Number
Parent/Legal Guardian (one name only)	Email Address	
Address ( <input type="checkbox"/> check if new address)	City/State/Zip	

**Payment to:**

Provider (person providing service)	Payee ID #	If new provider, a Social Security # or Federal Tax ID # is required
Provider Mailing Address ( <input type="checkbox"/> check if new address)		
City/State/Zip	Email Address	

<b>List One Authorized Service</b> <input type="checkbox"/> Respite <input type="checkbox"/> Sibling	<b>Dates</b> List dates of service separately (month, day & year)	<b>Actual Service Hours Used</b> (for example, 2:30pm - 5:15pm)	<b>Total Number of Hours</b>	<b>Cost</b> List the amount charged per hour	<b>Total Amount</b>

<b>Office Use Only. Authorized by</b>	<b>Office Use Only. Authorized Date</b>	<b>Total Billed</b>
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**Instructions:** Submit ONE billing document per calendar month per provider. Bills must be received by Service Coordinator within **60 days** from date of service. Billing document must be complete and legible. The parent/legal guardian must verify that this billing is accurate. For Businesses, a W-9 form is required if you are a new provider.

Provider Signature	Provider Phone #	Date (on or before parent signature)
Parent/Legal Guardian Signature		Date (on or after last date of service)

**\*\*Anyone filing a false claim may be prosecuted for fraud\*\***