

## Invoice for Contract/Vendor Services and Service Documentation

<b>Contractor's Name/Title:</b>
<b>Contractor's Address:</b>
<b>Contractor's Contact Info:</b>
<b>Fiscal Intermediary (FI):</b>

<b>Participant's Name:</b>
<b>Participant's Medicaid CIN:</b>
<b>Participant's Contact Info:</b>
<b>Primary Service Location(s):</b>

**Service Type:**     Support Brokerage  
                            IDGS/Clinical Consultation

**Invoice for the Month of (mo/year):** \_\_\_\_\_

Put your initials in the "Initials" box for each date a service was provided. This is your attestation that service was provided on that day.

Date: Mo/Day	Hrs Worked: From/To	Hrs Charged	Service Description (Specify the <u>type of support</u> provided by the Contractor/Vendor)	Initials
	/			
	/			
	/			
	/			
	/			
	/			
	/			
<b>Total Hours</b>				

Comments: \_\_\_\_\_

<b>Invoice Amount = Total Hours Worked _____ x Hourly Rate \$ _____ = \$ _____</b>
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**Signing and submitting false information may lead to a charge of Medicaid fraud.**

Signature of Contractor: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Participant/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Services provided must be drawn from a Support Broker Agreement with the self-directing participant. For all other contractual services, a treatment plan or outline of services should guide service provision.

**Participant: Original to FI**  
**For FI Use Only – Payroll Authorization \_\_\_\_\_ (FI Initials)**

Revised 8/26/15  
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