

VENDOR INVOICES

HOW TO PREPARE AND SUBMIT YOUR MONTHLY INVOICES

U.S. PROBATION OFFICE & U.S. PRETRIAL SERVICES OFFICE EASTERN DISTRICT OF CALIFORNIA

NAVIGATION



- This presentation has been saved as a PDF document.
- To advance to the next slide, click the forward/backward arrows at the top or bottom of the screen on a slide to advance to the next slide.
- You may go to the Table of Contents any time, by clicking on the seal in the upper right corner
- In the Table of Contents, click on a page number to go to a specific section.

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INTRODUCTION

INTRODUCTION Welcome & Purpose

- Welcome to this Vendor Invoice presentation.
- The purpose of this presentation is to:
 - Help you prepare your monthly invoices
 - Ensure your invoices are correct and true for payment
 - Reduce errors
 - Reduce supplemental invoices
 - Help ensure invoices are paid timely to each vendor



INTRODUCTION Parts of the Invoice

Invoices are divided into three parts:

- 1. Part A Summarization of all the services and total amount billed
- Part B Itemized listing of all services provided during the month, by defendant/offender
- 3. Support Documentation:

Monthly Treatment Reports (MTRs)

Logs and Sign-In Sheets – Daily Treatment Logs (DTLs) & Sign-In Sheets (Breathalyzer, Sweat Patch & Urinalysis)

Reports – Intake, Physical, Psychological, Polygraph, etc.

Receipts – Copayments, Emergency Funds, Medication, Transportation, etc.

Treatment Plans (Due every 90 days)

Part A – Summary

DATE	: 10/3/2007				ATTACHMENT J.8 PAGE_1_OF_2_
		ADMINISTRATIVE OF TREAT	FICE OF THE UN	ITED STATES CO	URTS
	BOC: 2526		(PART A)		
	Judicial District		_	3. B.P.A.#	
È.	Vendor		-	4. Service Delivery:	
	a. Address:		_	5. Total #	
	b. Telephone:		-	Served:	
	compensation has been re-	ceived from either the client or t	Authorized Administ	et Court.	
	6. PROJECT CODE	7. QUANTITY	8. UNIT PRICE	9. TOTAL PRICE]
	1010				1
	1012				4
	1201		+		1
	1301				1
	1302				1
	1401				4
	1402				1
	2010		1		1
	2011				1
	2020				4
	2022		-		1
	4010				1
	4020				1
	6015				4
					1
					1
					4
			-		1
					1
					1
					4
					1
					1
					4
					4
			1		1
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					1
				. 0.00	
		Totals:		0.00	
		Totals: Co-Pay Received: SC 1501/Administrative	Fee: (5%)	0.00	

Part B – Detail

<text><text><text><text><text><text>



INTRODUCTION Invoice Template

- An invoice template will be provided to you, which is specific to your BPA or contract.
- ► This template is a preformatted Microsoft Excel format:
 - Do not change the invoice format
 - Do not overwrite formulas (except where instructed)
- ► This Excel template:
 - Automatically calculates Section B, then
 - Transfers the total amount billed to Section A
- Keep the original template, and make a copy for your monthly invoice. This will keep the invoice from becoming corrupted.
- If your template becomes corrupted, or stops calculating properly, you may request an another copy



INTRODUCTION Due Dates



- ► For Example:
 - ► January's invoices are to be received by the 10th of February
 - ▶ July's invoices are to be received by the 10th of August



INTRODUCTION Program Plans

- Services are requested by U.S. Pretrial Services Officers and U.S. Probation Officers via a PROB 45, Program Plan.
- PROB 45s, Program Plans, must be signed by a "Referral Agent." Only those officers listed on the Referral Agent list (included in the Delivery Order) may sign as referral agents.
- Only services authorized by a valid Program Plan may be billed.
- Services provided by the vendor without a valid Program Plan may be deducted from the vendor's invoice before payment.

PROB 45 – Program Plan

					Toda
Client Identify	ving Information				
Client: Address:		PACTS#: Pretrial/Post	t		Phot
Officer: Officer Phor	e:	Conviction: Client Phone DOB:	2		Not Availal
Provider Info	mation	55	10000		
Provider:		Procu	rement No:		
Attn:	uon:	Termi	nation Date:		
Location Addr	ess:	i strin			
Phone: Fax:					
Services Orde Project Code	red Description Of Services	Phase	Frequency (Units)	Interval	Copay (per u
Services Orde Project Code 2010	red Description Of Services Individual Substance Abuse Counseling	Phase	Frequency (Units)	Interval Weekly	Copay (per ur \$0.00



INTRODUCTION *Invoice Validation*

- Invoices are validated by comparing:
 - 1. Information contained in Probation and Pretrial Services Automated Case Management System (PACTS),
 - 2. Your Invoice, and
 - 3. The support documentation, including:
 - Monthly Treatment Reports (MTRs)
 - Logs and Sign-In Sheets Daily Treatment Logs (DTLs) & Sign-In Sheets (Breathalyzer, Sweat Patch & Urinalysis)
 - Reports Intake, Physical, Psychological, Polygraph, etc.
 - Receipts Copayments, Emergency Funds, Medication, Transportation, etc.
 - Treatment Plans (Due every 90 days)



INTRODUCTION Validation Errors

A validation error occurs when a charge (or charges) can not be verified by:

- > PACTS,
- > The invoice, or
- The supporting documentation

When there is a validation error, the unverified or unauthorized charge(s) will be deducted from the invoice and a letter will be sent to you explaining the adjustment.

You will receive a Payment Authorization Adjustments letter, detailing the adjustment(s):

- > The amount of the deduction(s)
- \succ The reason for the deduction(s)

Cover Letter

	PROBATION OFFICE	
BERT A. RAMIREZ If U.S. Probation Officer X.C. ROBERSON suty Chief U.S. Probation Officer "I" Street, Suite 2-500 ramento, California 95814		REPLY TC (Headquarter 501 "I" Street, Suite 2-50 Sacramento, California 9581 Tel: (916) 930-430 Fax: (916) 930-430
(916) 930-4300	<u> </u>	www.caep.uscourts.g
	March 12, 2019	
Service Provider		
	RE: Payment Authoriz	ation Adjustments
Dear Service Provider,		
An invoice from your agency wa	as adjusted by our office. Please see the adji	ustments below.
Should you wish to rebill for an them in the next month's bill. A received by the due date indica	y of these items, you must submit a separat my supplemental invoices and the supportin ted.	e invoice. Do not include g documentation must be
Please ensure you review all inv Instructions for submitting invo Agreement Administration Data	voices for correctness and completeness bef vices may be found in the Statement of Worl a, Paragraphs G.3 (Invoices) and G.4 (Reimbu	ore submitting them. (SOW), Section G – ursements or Copayments).
Should you have any questions 4339 or dena_larkin@caep.usc	please contact Dena Larkin, Procurement A ourts.gov. Thank you for your continued sup	dministrator, at: (916) 930- port.
	Sincerely,	
	Michael S. Smith Contracts Specialis	t
MSS/dI		
Attachment		

Adjustments

endor's Name: PA No.: Iling Period (From): Iling Period (To): endor's Original Invoice Total:			
#🔽 Client # 🔽 Client Name	🗙 Adjustment 💌	Adjustment Description	*
1	\$0.00		
2	\$0.00		
3	\$0.00		
4	\$0.00		
5	\$0.00		
7	\$0.00		
8	\$0.00		
9	\$0.00		
10	\$0.00		
11	\$0.00		
12	\$0.00		
13	\$0.00		
14	\$0.00		
15	\$0.00		
tal Adjustments: ivised Invoice Total for Payment: ipplemental Invoice Due Date: imments:	\$0.00 \$0.00		
P	ublic safety and the fair administration of	justice through professional and progressive interventions.	



INTRODUCTION Supplemental Invoices



- Research the error and make the necessary corrections
- Prepare a "Supplemental" invoice (if the charge is valid) for the applicable month and submit it separately from your regular monthly invoices
- IMPORTANT: Do not add the corrected charge(s) to your next month's invoice. Submit them separately, as a "Supplemental" invoice to the month the charge applies.



INTRODUCTION Our Responsibility to the Taxpayer



- Documentation supporting each and every charge in an invoice is required for two reasons:
 - 1. The Federal Government has a fiduciary responsibility to ensure that the taxpayer's money is spent wisely, and
 - 2. Congress, in authorizing treatment services to be provided to Federal Defendants and Offenders, requires that every invoice be fully supported by documentation which proves that each service was indeed provided by the vendor



PROCESS OVERVIEW

PROCESS OVERVIEW Steps 1 & 2

- Step 1 Gather your documents from the clinicians and support staff:
 - Monthly Treatment Reports (MTRs)
 - Logs and Sign-In Sheets Daily Treatment Logs (DTLs) & Sign-In Sheets (Breathalyzer, Sweat Patch & Urinalysis)
 - Reports Intake, Physical, Psychological, Polygraph, etc.
 - Receipts Copayments, Emergency Funds, Medication, Transportation, etc.
 - Treatment Plans (Due every 90 days)
- Step 2 Prepare your invoice:
 - Part B Itemized Invoice
 - Part A Invoice Summary



PROCESS OVERVIEW Steps 3 & 4

- ► Step 3 Review your invoice:
 - Compare Section A & B totals
 - Compare Section B with all support documentation
 - Ensure there is support documentation for every charge
- Step 4 Submit your invoice:
 - ▶ By the 10th of each following month
 - U.S. Courts Electronic Reporting System (ERS)
 - ► Parts A & B ONLY
 - ► Mail or email:
 - Original Parts A & B, and
 - All supporting documents



PROCESS OVERVIEW Quick Reference

For your convenience, attached is a Quick Reference guide you may download:







GATHER YOUR DOCUMENTS STEP 1

GATHER YOUR DOCUMENTS Step 1 – Getting Ready

Gather all your paperwork from clinicians and staff, including:

- Monthly Treatment Reports (MTRs)
- Logs and Sign-In Sheets Daily Treatment Logs (DTLs) & Sign-In Sheets (Breathalyzer, Sweat Patch & Urinalysis)
- Reports Intake, Physical, Psychological, Polygraph, etc.
- Receipts Copayments, Emergency Funds, Medication, Transportation, etc.
- Treatment Plans (Due every 90 days)
- These are the documents you will need to complete and submit your monthly invoice.



GATHER YOUR DOCUMENTS Step 1 – Review the Documents



- Logs and Sign-In Sheets Daily Treatment Logs (DTLs) & Sign-In Sheets: Breathalyzer, Sweat Patch & Urinalysis
- Reports Intake, Physical, Psychological, Polygraph, etc.
- Receipts Copayments, Emergency Funds, Medication, Transportation, etc.



GATHER YOUR DOCUMENTS Step 1 – Review the Documents

- Ensure the MTRs are correct and reflect <u>all</u> services provided:
 - Logs and Sign-In Sheets:
 - ► Ensure there is an entry on the MTR for each log
 - Ensure the sign-in and out times correspond with the duration on the MTR
 - ► Reports:
 - Ensure reports are complete and meet the Statement of Work (SOW) requirements
 - Ensure reports are signed and dated by the clinician
 - Receipts:
 - Ensure receipts correspond with any items posted on the MTR





GATHER YOUR DOCUMENTS Step 1 – Review the Documents

Ensure your MTRs are complete, including:

- Blocks 1 7 General Information
- Block 8 All services provided
- Block 9 UA, Breathalyzer, or Sweat Patch testing information, and specific gravity results (if required by SOW)
- ▶ Block 10a through f Narrative.

NOTE: The narrative must be specific to each defendant/offender and not generic or repeated month to month.

 Block 10g – Any outstanding co-payment owed by the client.

NOTE: Outstanding co-payments may be entered elsewhere on the MTR, but the defendant's/ offender's balances must be included.

• Counselor's signature and date signed.

NOTE: Counselors may electronically sign the MTR.

Rev. 06/10)	M	ONT	HLY TE	REATM	IENT	REPORT		This form must be each monthly billin	completed and submitte g. Additional sheets m	d with ay be used.
Substance	e Abu	ise			la. PR	OVIDER NAME:		2. DATE OF CURRI 10/1/2018	ENT TX PLAN (ATTACH	REVISIONS)
Last Nan	Œ: ne 1, F	irst	Name, M		3a. PA 012	CTS NO. 2345	4. FOR PERIO	D COVERING: 2019		
PHASE NO.	5a. TI 4 m	ME IN	PHASE:	6. PRETI	RIAL C	LIENT:	7. CLIENT EN	APLOYED: No	Other	
	1				8. C	ONTACTS SIN	CE LAST RE	EPORT		
a. Date	b. S	ervice	(Name & No	p.)	c. Le	rngth of Contact	d. Comme	mts (No Shows, Tardin	ess, Issues Addressed)	e. Copay (amount collected)
1/11/19 2	2010 -	Indv	. Counse	eling, 1	hr.					N/A
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-						2				
		_			9	. URINE TEST	TING RECO	RD		
DATE	Scher	inled	Sample N	lot Tested	D	rug Use Admitted	COLLECTED	SPECIAL TESTS REQUESTED	TEST RESULTS (Positive/Negative)	Copay (amount collected)
1/10/19	X	NO	insei. Qiy.	Stati	X	Yes (specify drug)	Collector's Name	Spec. Gravity	1.014 (Neg.)	\$25.00
		_			-					-
			10. CO	MMENT	IS RE	GARDING CL	IENT'S TRE	ATMENT PROG	RESS	
a. Describe the Ensure th month to b. Describe an	y steps	ent go rativ h, an taken	als address e is: 1.) \$ ad 4.) Att by the clien	ed this mo Specific ach sec nt this mo	onth (a to th cond nth toy	Met Not Me ne each client, page if require ward these goals (t): 2.) Don't us ad in the SO X Positive:	e generic stater W. Negative):	nents, 3.) Do not r	epeat
c. Describe an	y obstac	iles or	setbacks t	ne client e	encoun	tered this month:				
d. Describe on	e uniqu	e way	the PO/PS	O can ass	ist/sup	port the client in t	reatment over th	he next month:		
e. If continued	treatme	ent is 1	recommenc	led, discu	ss the p	plan for next mont	h (X Recomme	ended 🛄 Not Reco	mmended):	
		ations	s of the clie	nt's beha	vior an	d commitment to	treatment (Po	ositive 🛄 Negative):	
f. Discuss you	r observ									
f. Discuss you g. Comments: Co-payme	nt - A	mou	nt. Outst	anding	\$45.0	00.				



GATHER YOUR DOCUMENTS Step 1 – Supporting Documents

- Ensure you have supporting documents for every line item on the MTR, including:
 - Monthly Treatment Reports (MTRs)
 - Logs and Sign-In Sheets Daily Treatment Logs (DTLs) & Sign-In Sheets (Breathalyzer, Sweat Patch & Urinalysis)
 - Reports Intake, Physical, Psychological, Polygraph, etc.
 - Receipts Copayments, Emergency Funds, Medication, Transportation, etc.
- NOTE: Any charge not supported by the documents will be deducted from the invoice.



GATHER YOUR DOCUMENTS Step 1 – Resolving Discrepancies

- Resolve any discrepancies with the clinicians and support staff before you begin your invoice.
- Review the PROB 45, Program Plan if there are any questions whether a service or the quantity of service was authorized.
- NOTE: Any charge not specifically authorized by a PROB 45, Program Plan, will be deducted from the invoice.

GATHER YOUR DOCUMENTS Step 1 – Last Check

- Check to ensure you have all the:
 - ▶ MTRs, and
 - Supporting documents

AND

You've resolved any discrepancy

Now, you're ready to prepare the invoice.





PREPARE YOUR INVOICE STEP 2



PREPARE YOUR INVOICE Step 2 – Spreadsheet Navigation

- Open the spreadsheet provided to your agency.
- Be sure to save a copy of the original, in case the one you're working with becomes corrupted.
- The Microsoft Excel spreadsheet is divided into three worksheets, as follows:
 - ▶ 1st Tab Instructions
 - ▶ 2nd Tab Part B, Invoice Detail
 - ▶ 3rd Tab Part A, Invoice Summary

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1							
2			ADMINIS	STRATIVE	OFFICE	OF THE	UNITE
3				TR	EATMEN	T SERVIC	ES INV
4							
5							
6							
7							
8							
9							
10		Much of thi	s invoice is a	automated.	Once you fill	l in informati	on such a
11		the Prob.Si	ummary she	et will be fill	ed in with th	e relevant d	ata.
12							
13		To begin, c	lick on the P	rob.Detail s	heet and fill	out the rele	vant data
14		rendered a	nd calculate	co-pay and	other totals		_
15							
16							
1/							_
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24							
25							- 1
26							1
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29							
-		n h	Detail Dealer				

PREPARE YOUR INVOICE Step 2 – Part B, Invoice Navigation



▶ Begin on Part B.

- Part B is where you will enter the detailed billing information.
- Transfer the information from the MTRs to Part B of the invoice (see the samples on the next few slides).

► Remember:

- Only those services specifically requested with a signed PROB 45, Program Plan, may be charged.
- All unverifiable or unauthorized charges will be deducted from the invoice and a Payment Authorization Adjustments letter will be sent to you, advising of the changes.



PROB 46 (Rev. 06/10)	М	ONT	THLY TH	REATN	MENT	REPORT		This form must be each monthly billir	completed and submitte ng. Additional sheets ma	d with ay be used.				
1. PROGRAM	NAME:				la. PR	OVIDER NAME:		2. DATE OF CURR	ENT TX PLAN (ATTACH	REVISIONS):				
Substan	ce Ab	use			Ver	idor's Name		10/1/2018		()				
3. CLIENTENLE					3a. PA	CTS NO.	4. FOR PERIO	4. FOR PERIOD COVERING:						
Last Na	me 1, I	First	Name, M		012	2345	January,	January, 2019						
PHASE NO.	5a. T	IME IN	PHASE:	6. PRET	FRIAL C	LIENT:	7. CLIENT EM	PLOYED:						
Phase III	4 n	nonth	ıs	🗌 Yes	XN	o	🖄 Yes 💷 N	io 🗌 Student	Other					
					8. C	ONTACTS SING	CE LAST RE	PORT						
a. Date	b. 8	Service	(Name & No	u)	c. Le	ength of Contact	d. Comme	nts (No Shows, Tardin	ess, Issues Addressed)	e. Copay (amount collected)				
1/11/19	2010 -	Indv	. Counse	eling.	1 hr.					N/A				
				-										
					9	. URINE TEST	ING RECO	RD						
DATE COLLECTED	Sche	duled	Sample N	ot Tested	D	rug Use Admitted	COLLECTED BY	SPECIAL TESTS REQUESTED	TEST RESULTS (Positive/Negative)	Copay (amount collected)				
1/10/10	Yes	No	Insuf. Qty.	Stall	No	Yes (specify drug)	Callestaria	One of Orestitu	4.044 (No. 2)	COLLECTED)				
1/10/19	-	├	<u> </u>	<u> </u>	+^		Collector s	Spec. Gravity	1.014 (Neg.)	\$ 0				
	+	<u> </u>			+		Iname							
	+				+									
			10. CO	MMEN	TSRE	GARDING CL	IENT'S TRE	ATMENT PROC	RESS					
a. Describe th	ne treatn	nent go	als address	ed this n	nonth (Met D Not Met	t):							
Ensure	the na	rativ	e is: 1.) \$	Specifi	c to th	e each client.	2.) Don't us	e generic state	ments, 3.) Do not re	epeat				
month te	o mon	th, ar	nd 4.) Att	ach se	cond	page if require	d in the SO	W.						
b. Describe a	ny steps	taken	by the clie	nt this m	onth toy	ward these goals (Positive	Negative):						
	,							<u>v</u> /						
c. Describe a	ny obsta	cles or	r setbacks t	he client	encoun	tered this month:								
d. Describe o	ne uniqu	ie way	the PO/PS	O can as	sist/sup	port the client in tr	eatment over th	e next month:						
					-					1				

Part B – Client Name

(PART B

1.CLIENT NAME	2.CLIENT NUMBER	3. DATES OF SERVICE	4. SERVICE RENDERED	5. QUANTITY (UNITS)		6. UNIT PRICE		7. COST	8. RE	CO-PAY QUIRED	9. (RE	CO-F
ast Name 1. First Name MI	012345	1/10/2019	1010	1.00	s	15.00	s	15.00	\$	25.00	s	
dist Hume 1, Hist Hume Him	012040	1/11/2019	2010	2.00	š	30.00	\$	60.00	\$	-	\$	
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ast Name 2, First Name MI	543210	1/6/2019	2011	1.00	\$	300.00	\$	300.00	\$	-	\$	
		1/8/2019	1010	1.00	\$	15.00	\$	15.00	\$	-	\$	
		1/15/2019	1010	1.00	\$	15.00	\$	15.00	\$	-	\$	
	-	111 100 10	1000		\$	-	\$	-	\$	-	\$	
ast Name 3, First Name MI	32104	1/1/2019	1202	1.00	5	45.00	\$	45.00	\$	-	\$	
		1/1/2019	2010	1.00	8	2.25	\$	2.25	8		\$	
	+ +	1/16/2019	1010	2.00	ŝ	15.00	ŝ	15.00	ŝ	-	s	
		1/28/2019	1010	1.00	ŝ	15.00	ŝ	15.00	ś	-	s	
	1 1	1/28/2019	1501	1.00	ŝ	1.25	ŝ	1.25	ŝ	25.00	ŝ	25
					Ś	-	\$	-	\$	-	\$	
ast Name 4, First Name MI	3456012	1/8/2019	2010	2.00	S	30.00	\$	60.00	\$	-	\$	
		1/15/2019	2010	2.00	\$	30.00	\$	60.00	\$	-	\$	
		1/28/2019	2010	2.00	\$	30.00	\$	60.00	\$	-	\$	
		1/28/2019	1501	1.00	\$	0.50	\$	0.50	\$	10.00	\$	10
					\$		\$	-	\$	-	\$	
ast Name 5, First Name MI	01276543	1/2/2019	2022	3.00	\$	25.00	\$	75.00	\$	-	\$	
	+	1/14/2019	2022	3.00	8	25.00	\$	75.00	8	-	2	
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MTR – PACTS No.

PROB 46 (Rev. 06/10)	м	ONT	THIVTE	DEATN	IENT	PEPOPT		This form must be	completed and submitte	d with
1. PROGRAM N	IAME:		nLiir	CEATN	la. PR	OVIDER NAME:		2. DATE OF CURRI 10/1/2018	ENT TX PLAN (ATTACH	REVISIONS):
2 CLENT NAM	ле АВИ	130			ver	CTS NO	4 FOR REDIO	D COLTRING:		
Last Nam	ne 1, F	irst	Name, M	1	012	2345	4. FOR PERIO	2019		_
5. PHASE NO.	5a. TI	ME IN	PHASE:	6. PREI	'RIAL C	LIENT:	7. CLIENT EM	PLOYED:		
Phase III	4 m	onth		Ves	XN	0	XYes DN	lo 🗆 Student	□ Other	
	1 4 10	onu	3	_	8 0	ONTACTS SING	TE LAST RE	PORT		
a. Date	b. Se	ervice	(Name & No	i.)	c. Le	ength of Contact	d. Comme	nts (No Shows, Tardin	ess, Issues Addressed)	e. Copay (amount collected)
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DATE COLLECTED	Scheo	ulea	Sample N	of Testea		rug Use Admitted	COLLECTED BY	SPECIAL TESTS REQUESTED	(Positive/Negative)	(amount
4/40/40	Yes	No	Insuf. Qty.	Stall	No	Yes (specify drug)	0.11			concered)
1/10/19					+ ^		Collector's	Spec. Gravity	1.014 (Neg.)	\$0
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					+					
			10. CO	MMEN	TSRE	GARDING CL	ENT'S TRE	ATMENT PROC	RESS	
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Ensure the	o nar	rativ		Specifi	c to th	e each client	2) Don't us	a generic state	nents 3) Do not r	anest
month to	mont	h.an	d 4.) Aff	ach se	cond i	page if require	d in the SO	N.	nents, s.j Do not n	epear
h Describe an	v ctone i	takan	by the olig	at this m	anth ton	ward these goals ((Positiva D)	(agotiva):		
0. Describe an	y steps	takch	by the che	n uns m	Juni 101	vara mese goals (vegative).		
c. Describe an	v obstac	les or	setbacks th	he client	encount	tered this month				- 1
the second se	,au			enent	- ne o dil	uns month.				
	-									
	-									
d. Describe on	e uniqu	e wav	the PO/PS	O can as	sist/sup	port the client in tr	eatment over th	e next month:		

Part B – Client Number

(PART B)

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1.CLIENT NAME	2.CLIENT NUMBER	3. DATES OF SERVICE	4. SERVICE RENDERED	5. QUANTITY (UNITS)		6. UNIT PRICE		7. COST	8. RE	CO-PAY QUIRED	9. (RE	CO-P
eet Nome 1, First Name Mil	012345	1/10/2019	1010	1.00	\$	15.00	\$	15.00	\$	25.00	\$	
		1/11/2019	2010	2.00	\$	30.00	\$	60.00	\$	-	\$	
					\$	-	\$	-	\$	-	\$	
ast Name 2, First Name MI	543210	1/6/2019	2011	1.00	\$	300.00	\$	300.00	\$	-	\$	
		1/8/2019	1010	1.00	\$	15.00	\$	15.00	\$	-	\$	
		1/15/2019	1010	1.00	\$	15.00	\$	15.00	\$	-	\$	
					\$	-	\$	-	\$	-	\$	_
ast Name 3, First Name MI	32104	1/1/2019	1202	1.00	\$	45.00	\$	45.00	\$	-	\$	
		1/1/2019	1201	1.00	\$	2.25	\$	2.25	\$	-	\$	
	I	1/15/2019	2010	2.00	15	30.00	\$	60.00	\$	-	5	
	L	1/16/2019	1010	1.00	15	15.00	\$	15.00	\$	-	\$	
		1/28/2019	1010	1.00	15	15.00	\$	15.00	\$	-	\$	05
		1/28/2019	1501	1.00	15	1.25	15	1.25	ð	25.00	2	25
ant Manual A. First Manual 11	2456040	4/0/2040	2010		15	-	\$	-	\$	-	5	
ast Name 4, ⊢irst Name Mi	3456012	1/8/2019	2010	2.00	15	30.00	15	60.00	ð	-	2	
	 	1/15/2019	2010	2.00	15	30.00	\$	60.00	\$	-	\$	
		1/28/2019	2010	2.00	15	30.00	0	60.00	\$	- 10.00	5	40
		1/28/2019	1501	1.00	12	0.50	2	0.50	\$	10.00	\$	10
act Name & First Nam- M	01076540	100010	2022	0.00	15	-	5	-	\$	-	5	_
ast Name 5, First Name MI	012/6543	1/2/2019	2022	3.00	15	25.00	\$	75.00	ð ¢	-	5	
		1/14/2019	2022	3.00	15	25.00	3	/ 5.00	\$	-	2	
		1/26/2019	2022	3.00	10	25.00	2	/ 5.00	\$	-	2	
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PROB 46 (Rev. 06/10)	м	ONT	THIVTE	DEATN	1 ENT	PEPOPT		This form must be	completed and submitte	d with			
1. PROGRAM N. Substanc	AME: e Abi	ise	IILI II	LAIN	la. PR	OVIDER NAME:		2. DATE OF CURRI 10/1/2018	ENT TX PLAN (ATTACH	REVISIONS):			
3. CLIENT NAM Last Nam	E: ne 1, F	irst	Name, M	I	3a. PA 012	CTS NO. 2345	IN NO. 4. FOR PERIOD COVERING: 45 January, 2019						
5. PHASE NO.	5a. Tl	ME IN	PHASE:	6. PRET	TRIAL C	LIENT:	7. CLIENT EM	PLOYED:		1			
Phase III	4 m	onth	IS	Yes	XN	o	🛛 Yes 💷 N	lo 🗌 Student	Other				
					8. C	ONTACTS SIN	CE LAST RE	PORT					
a. Date	b. S	ervice	(Name & No	.)	e La	inguir or Contact	d. Comme	nts (No Shows, Tardin	ess, Issues Addressed)	e. Copay (amount collected)			
1/11/19	<u> 1010 -</u>	Indv	. Counse	eling.	1 hr.					N/A			
				-									
+								-					
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				/	9	. URINE TEST	ING RECO	RD					
DATE	Sche	duled No	Sample N Insuf, Oty,	ot Tested Stall	Di No	rug Use Admitted Yes (specify drug)	COLLECTED BY	SPECIAL TESTS REQUESTED	TEST RESULTS (Positive/Negative)	Copay (amount collected)			
1/10/19	Х				X		Collector's	Spec. Gravity	1.014 (Neg.)	\$0			
							Name			1			
			10. CO	MMEN	TS RE	GARDING CL	IENT'S TRE	ATMENT PROC	RESS				
a. Describe the	treatm	ent go	als address	ed this n	nonth (Met 🗆 Not Met	t):						
Ensure th	e nar	rativ	e is: 1.) \$	Specifi	c to th	e each client.	2.) Don't us	e generic state	nents, 3.) Do not re	epeat			
month to	mont	h, an	nd 4.) Att	ach se	cond	page if require	d in the SO	W.					
b. Describe any	v steps	taken	by the clier	nt this m	onth tov	ward these goals (Positive	Negative):					
			,					0					
										-			
c. Describe any	obsta	cles or	setbacks t	he client	encoun	tered this month:				1			
										- 1			
d. Describe on	e uniqu	e way	the PO/PS	O can as	sist/sup	port the client in tr	eatment over th	e next month:					
					-								

Part B – Date of Service

(PART B)

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1.CLIENT NAME	2.CLIENT NUMBER	3. DATES OF SERVICE	4. SERVICE RENDERED	5. QUANTITY (UNITS)		6. UNIT PRICE		7. COST	8. RE	CO-PAY QUIRED	9. (RE(CO-P
act Name 1 First Name MI	012345	1/10/2019	1010	1.00	6	15.00	\$	15.00	6	25.00	0	_
ast ivanie i, Pirst ivanie ivi	012343	1/11/2019	2010	2.00	ŝ	30.00	ŝ	60.00	ŝ	-	ŝ	-
					s	-	\$		\$	-	\$	
ast Name 2, First Name Mi	543210	1/6/2019	2011	1.00	\$	300.00	\$	300.00	\$	-	\$	
		1/8/2019	1010	1.00	\$	15.00	\$	15.00	\$	-	\$	
		1/15/2019	1010	1.00	\$	15.00	\$	15.00	\$	-	\$	
ant Name 2 First Name MI	20404	4/4/2010	4000	1.00	5	-	\$	-	\$	-	\$	
ast name 3, First name Mi	32104	1/1/2019	1202	1.00	8	45.00	\$	45.00	\$		\$	
		1/15/2019	2010	2.00	ŝ	30.00	ŝ	60.00	\$	-	\$	-
		1/16/2019	1010	1.00	Š	15.00	ŝ	15.00	ŝ	-	ŝ	_
		1/28/2019	1010	1.00	ŝ	15.00	\$	15.00	\$	-	ŝ	
		1/28/2019	1501	1.00	\$	1.25	\$	1.25	\$	25.00	\$	25
					\$	-	\$	-	\$	-	\$	
ast Name 4, First Name MI	3456012	1/8/2019	2010	2.00	\$	30.00	\$	60.00	\$	-	\$	
		1/15/2019	2010	2.00	\$	30.00	\$	60.00	\$	-	\$	
		1/28/2019	2010	2.00	S	30.00	\$	60.00	\$	-	5	40
		1/28/2019	1501	1.00	8	0.50	\$	0.50	\$	10.00	\$	10
ast Name 5 First Name MI	01276543	1/2/2019	2022	3.00	ŝ	25.00	ŝ	75.00	ŝ	-	ŝ	
ast Name 5, First Name IVI	012/0345	1/14/2019	2022	3.00	Š	25.00	ŝ	75.00	ŝ		s	
	<u> </u>	1/26/2019	2022	3.00	ŝ	25.00	Š	75.00	\$	-	ŝ	
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MTR – Service (Name & No.) and Urine Testing Record

(1007.00/10)	MON				PERCENT		This form must be	completed and submitte	d with
	MON	THLY TH	REATN	IENT	REPORT		each monthly billin	g. Additional sheets ma	ay be used.
1. PROGRAM 1 Substan				la. PR	OVIDER NAME:		 DATE OF CURRI 10/1/2018 	ENT TX PLAN (ATTACH	REVISIONS):
3. CLIENT NAM	ME:			3a. PA	ACTS NO.	4 FOR PERIO	D COVERING:		
Last Nar	me 1, First	Name, M	1	012	2345	January,	2019		
5. PHASE NO.	5a. TIME I	N PHASE:	6. PRET	RIAL C	CLIENT:	7. CLIENT EN	PLOYED:		
Phase III	4 mont	hs	🗌 Yes	XN	0	$\underline{\mathbf{X}}_{Yes}$ $\underline{\Box}_{N}$	lo 🗌 Student	Other	
				8. C	ONTACTS SIN	CE LAST RE	PORT		
a. Date	b. Servic	e (Name & No	n.)	c. Le	ength of Contact	d. Comme	nts (No Shows, Tardin	ess, Issues Addressed)	e. Copay (amount collected)
1/11/1	2010 -) d	. Counse	eling. 1	1 hr.					N/A
\vdash									
				9	. URINE TEST	ING RECO	RD		
9. URINE TESTING REC DATE Scheduled Sample Not Tested Drug Use Admitted COLLECT					rug Use Admitted	COLLECTED	SPECIAL TESTS	TEST RESULTS (Positive/Negative)	Coparis (amount
COLLECTED	Scheduled	Lange On	Ct-11	N	V ((f.))	DI	REQUESTED	(collected)
COLLECTED	Scheduled Yes No	Insuf. Qty.	Stall	No X	Yes (specify drug)	Collector's	Spec. Gravity	1.014 (Neg.)	so
COLLECTED	Scheduled Yes No X	Insuf. Qty.	Stall	No X	Yes (specify drug)	Collector's	Spec. Gravity	1.014 (Neg.)	\$0
COLLECTED	Scheduled Yes No X	Insuf. Qty.	Stall	X	Yes (specify drug)	Collector's	Spec. Gravity	1.014 (Neg.)	\$0
COLLECTED	Scheduled Yes No X	Insuf. Qty.	Stall	X	Yes (specify drug)	Collector's	Spec. Gravity	1.014 (Neg.)	\$0
COLLECTED 1/10/19	Scheduled Yes No X	Insuf. Qty.	Stall MMEN	No X	Yes (specify drug)	Collector's Name	Spec. Gravity	1.014 (Neg.)	so
a. Describe th	Scheduled Yes No X e treatment g	10. CO	Stall MMEN sed this m	No X	Yes (specify drug)	Collector's Name	Spec. Gravity	1.014 (Neg.) GRESS	so
a. Describe th Ensure t	Scheduled Yes No X e treatment g he narrati	10. CO goals address ve is: 1.) \$	Stall MMEN sed this m Specific	No X	Yes (specify drug)	Collector's Name	Spec. Gravity Accuracy PROC	1.014 (Neg.) RESS ments, 3.) Do not re	so epeat
a. Describe th Ensure t month to	Scheduled Yes No X He treatment g he narrativ p month, a	10. CO to als address ve is: 1.) S nd 4.) Att	Stall MMEN sed this m Specific ach sec	No X X IS KI conth (c to th cond	Yes (specify drug)	Collector's Name	Spec. Gravity Spec. Gravity ArryLen I PROC	1.014 (Neg.) RESS nents, 3.) Do not re	epeat
a. Describe th Ensure t b. Describe at	Scheduled Yes No X He treatment g he narrativ p month, a ny steps taken	10. CO toals address ve is: 1.) S nd 4.) Att	Stall MMEN sed this m Specific ach sec nt this mo	No X	Yes (specify drug)	Collector's Name	Spec. Gravity Spec. Gravity Arrynew I PROC e generic stater W. Negative):	1.014 (Neg.) IRESS nents, 3.) Do not r	epeat
a. Describe th Ensure t b. Describe a	Scheduled Yes No X He treatment g he narrativ p month, a ny steps taken	10. CO goals address ve is: 1.) S nd 4.) Att	Stall MMEN eed this m Specific ach sec nt this mo	No X	Yes (specify drug)	Collector's Name	Spec. Gravity Spec. Gravity e generic stater W. Negative):	1.014 (Neg.) TRESS ments, 3.) Do not re	epeat
a. Describe th Ensure to b. Describe an c. Describe an	Scheduled Yes No X A he narratio month, a ny steps taken	10. CO goals address ve is: 1.) S nd 4.) Att by the clie	Stall MMEN sed this m Specific ach sec nt this mo	No X X aonth (c to th cond onth tow	Yes (specify drug)	Collector's Name	Spec. Gravity ACOLENT PROC e generic stater W. Negative):	1.014 (Neg.) RESS nents, 3.) Do not r	epeat
a. Describe th Ensure t b. Describe an c. Describe an c. Describe an	Scheduled Yes No X he narratin p month, a ny steps taken	10. CO soals address ve is: 1.) \$ nd 4.) Att n by the clie	Stall MMEN sed this m Specific ach sec nt this mo	No X	Yes (specify dmg)	Collector's Name	Spec. Gravity storent PROC e generic stater W. Negative):	1.014 (Neg.) RESS nents, 3.) Do not re	epeat
a. Describe th Ensure t month to b. Describe ar c. Describe ar	Scheduled Yes No X he narration p month, a ny steps taken	10. CO soals address ve is: 1.) S nd 4.) Att n by the clie	Stall MMEN ted this m Specific ach sec nt this mo	No X	Yes (specify dmg)	Collector's Name	Spec. Gravity	1.014 (Neg.) RESS nents, 3.) Do not ro	epeat
a. Describe th Example 1 Example 1 E	Scheduled Yes No X he narratin p month, a ny obstacles of ne unique wa	10. CO tous address to setbacks to y the PO/PS	Stall MMEN eed this m Specific ach sec nt this mo he client of O can ass	No X	Yes (specify drug)	Collector's Name	Spec. Gravity Spec. Gravity e generic stater W. Negative): e next month:	1.014 (Neg.) IRESS	epeat

Part B – Service Rendered

(PART B)

1.CLIENT NAME	2.CLIENT NUMBER	3. DATES OF SERVICE	4. SERVICE RENDERED	5. QUANTITY (UNITS)		6. UNIT PRICE		7. COST	8. RE	CO-PAY	9. (RE	CO- CEI
	0.100.15	1110 100 10				15.00		15.00		05.00		
ast Name 1, First Name MI	012345	1/10/2019	1010	1.00	8	15.00	\$	15.00	\$	25.00	\$	
		1/11/2019	2010	2.00	8	30.00	\$	60.00	\$	-	e e	
ast Name 2 First Name Mi	543210	1/6/2019	2011	1.00	ŝ	300.00	Š	300.00	é	-	ŝ	
ast warne 2, 10 2	343210	1/8/2019	1010	1.00	ŝ	15.00	š	15.00	ŝ		ŝ	
		1/15/2019	1010	1.00	ŝ	15.00	\$	15.00	\$		\$	_
					\$	-	\$	-	\$		\$	
ast Name 3, First Name MI	32104	1/1/2019	1202	1.00	\$	45.00	\$	45.00	\$	-	\$	
		1/1/2019	1201	1.00	\$	2.25	\$	2.25	\$	-	\$	
		1/15/2019	2010	2.00	\$	30.00	\$	60.00	\$	-	\$	
/	1	1/16/2019	1010	1.00	\$	15.00	\$	15.00	\$	-	\$	
		1/28/2019	1010	1.00	\$	15.00	\$	15.00	\$	-	\$	
		1/28/2019	1501	1.00	15	1.25	15	1.25	8	25.00	5	2
act Name 4 First Name MI	3456012	1/8/2010	2010	2.00	6	30.00	\$	-	\$		5	
ast wante 4 inst warne MI	3400012	1/15/2019	2010	2.00	ŝ	30.00	ŝ	60.00	\$	-	ŝ	
		1/28/2019	2010	2.00	ŝ	30.00	ŝ	60.00	ŝ		s	
/		1/28/2019	1501	1.00	ŝ	0.50	ŝ	0.50	ŝ	10.00	ŝ	1
					Ś	-	\$	-	Ś	-	\$	
ast Name 5, First Name MI	01276543	1/2/2019	2022	3.00	\$	25.00	\$	75.00	\$	-	\$	
		1/14/2019	2022	3.00	\$	25.00	\$	75.00	\$	-	\$	
		1/26/2019	2022	3.00	\$	25.00	\$	75.00	\$	-	\$	
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MTR – Length of Contact and/or Number of UAs

PROB 46 (Rev. 06/10)								This form must be	completed and submitter	d with
		MON	THLY TI	REATM	IENT	REPORT		each monthly billir	ng. Additional sheets ma	ay be used.
1. PROGRAM	/ NAN	E:			la. PR	OVIDER NAME:		2. DATE OF CURRI	ENT TX PLAN (ATTACH	REVISIONS):
Substa	nce	Abuse			Ver	ndor's Name		10/1/2018		
3. CLIENT N	AME:				3a. PA	CTS NO.	4. FOR PERIO	D COVERING:		- 1
Last N	ame	1, First	Name, N	11	012	2345	January,	2019		
5. PHASE NO	D. 5	a. TIME I	IN PHASE:	6. PRET	RIAL C	LIENT:	7. CLIENT EM	IPLOYED:		
Phase III		4 mont	hs	Yes	XN	0	X Yes DN	No 🗌 Student	Other	
					8. C	ONTACTS SIN	CE LAST RE	EPORT		
a. Date		b. Servic	e (Name & Ne	o.)	c. Le	ength of Contact	d. Comme	nts (No Shows, Tarun	ess, Issues Addressed)	e. Copay (amount collected)
1/11/19	201	0 - Ind	v. Counse	elinc 1	hr.					N/A
	+					_				
<u> </u>	+									
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					9). URINE TEST	ING RECO	RD		
DATE		Scheduled	Sample N	lot Tested	9 D:	D. URINE TEST rug Use Admitted	COLLECTED	RD SPECIAL TESTS	TEST RESULTS	Coray
DATE		Scheduled Yes No	Sample N Insuf. Qty.	fot Tested Stall	9 Di No	D. URINE TEST rug Use Admitted Yes (specify drug)	CING RECO	RD SPECIAL TESTS REQUESTED	TEST RESULTS (Positive/Negative)	Coray (amound collected)
COLLECTE 1/10/19		Scheduled (es No	Sample N Insuf. Qty.	lot Tested Stall	9 Di No X	D. URINE TEST mg Use Admitted Yes (specify drug)	COLLECTED	RD SPECIAL TESTS REQUESTED Spec. Gravity	TEST RESULTS (Positive/Negative) 1.014 (Neg.)	Conv (amound collected) \$0
COLLECTE 1/10/19		Scheduled (es No	Sample N Insuf. Qty.	lot Tested Stall	9 Di No X	URINE TEST rug Use Admitted Yes (specify drug)	COLLECTED BY Collector's Name	RD SPECIAL TESTS REQUESTED Spec. Gravity	TEST RESULTS (Positive/Negative) 1.014 (Neg.)	Conserv (amound collected) \$0
DATE COLLECTE 1/10/19		Scheduled (es No	Sample N Insuf. Qty.	lot Tested Stall	9 Di No X	P. URINE TEST rug Use Admitted Yes (specify drug)	Collector's	RD SPECIAL TESTS REQUESTED Spec. Gravity	TEST RESULTS (Positive/Negative) 1.014 (Neg.)	Correy (amoun collected) \$0
COLLECTF 1/10/19		Scheduled Yes No	Sample N Insuf. Qty.	lot Tested Stall	9 Di No X	D. URINE TEST rug Use Admitted Yes (specify drug)	CING RECO COLLECTED BY Collector's Name	RD SPECIAL TESTS REQUESTED Spec. Gravity	TEST RESULTS (Positive/Negative) 1.014 (Neg.)	Construction (among other collected)
0011ECTF 1/10/19		Scheduled (es No	Sample N Insuf. Qty. 10. CO	Iot Tested Stall	9 Di No X	D. URINE TEST rug Use Admitted Yes (specify drug)	COLLECTED BY Collector's Name	RD SPECIAL TESTS REQUESTED Spec. Gravity Control of the second se	TEST RESULTS (Positive/Negative) 1.014 (Neg.) RESS	Consu (anionan collected) \$0
a. Describe		Scheduled Ves No	Sample N Insuf. Qty. 10. CO goals address	Tot Tested Stall MMLEN sed this m	9 Di No X	URINE TEST rug Use Admitted Yes (specify drug)	COLLECTED BY Collector's Name	RD SPECIAL TESTS REQUESTED Spec. Gravity	TEST RESULTS (Positive/Negative) 1.014 (Neg.) RESS	Crimit (amoth collected) \$0
a. Describe mouth	the tro	Scheduled (es No catment g	10. CO	Stall MMEN sed this m Specific	9 Dr No X X	URINE TEST rug Use Admitted Yes (specify drug) Yes (specify drug)	COLLECTED BY Collector's Name	RD SPECIAL TESTS REQUESTED Spec. Gravity Comparison of the second	TEST RESULTS (Positive/Negative) 1.014 (Neg.) RESS ments, 3.) Do not re	crimit (amount collected) \$0
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a. Describe Ensure month b. Describe	the training of the training o	Scheduled (es No c narration onth, a eps take	Sample N Insuf. Qty. 10. CO goals address ve is: 1.) : ind 4.) Attr n by the clie	Not Tested Stall MMLEN sed this m Specific ach sec nt this mo	9 No X S No X	URINE TESJ rng Use Admitted Yes (specify drug)	Collector's By Collector's Name Collector's Collector's Name Collector's Collector's Name Collector's Col	RD SPECIAL TESTS KEQUESTED Spec. Gravity COLENT PROC e generic state W. Negative):	TEST RESULTS (Positive/Negative) 1.014 (Neg.) SRESS ments, 3.) Do not re	cambru (cullected) \$0 epeat
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Part B – Quantity (Units)

(PART B

1.CLIENT NAME	2.CLIENT NUMBER	3. DATES OF SERVICE	4. SERVICE RENDERED	5. QUANTITY (UNITS)		6. UNIT PRICE		7. COST	8. RE	CO-PAY QUIRED	9. (RE	CO-F
ast Name 1 First Name MI	012345	1/10/2019	1010	1.00		15.00	s	15.00	\$	25.00	s	-
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					F.	-	\$	-	\$	-	\$	
ast Name 2, First Name MI	543210	1/6/2019	2011	1.00	\$	300.00	\$	300.00	\$	-	\$	
		1/8/2019	1010	1.00	\$	15.00	\$	15.00	\$		\$	
		1/15/2019	1010	1.00	\$	15.00	\$	15.00	\$	-	\$	
			1000		\$	-	\$	-	\$	-	\$	
ast Name 3, First Name MI	32104	1/1/2019	1202	1.00	\$	45.00	\$	45.00	\$		\$	
	<u> </u>	1/1/2019	2010	1.00	0	2.25	\$	2.25	0	-	0	
	+	1/16/2019	1010	2.00	0	15.00	\$	15.00	0	-	e e	-
		1/28/2019	1010	1.00	s	15.00	ŝ	15.00	s		ŝ	_
		1/28/2019	1501	1.00	ŝ	1.25	ŝ	1 25	ŝ	25.00	ŝ	25
	1			1.00	s	-	\$	-	\$	-	\$	
ast Name 4, First Name MI	3456012	1/8/2019	2010	2.00	S	30.00	\$	60.00	\$	-	\$	
		1/15/2019	2010	2.00	\$	30.00	\$	60.00	\$	-	\$	
		1/28/2019	2010	2.00	\$	30.00	\$	60.00	\$	-	\$	
		1/28/2019	1501	1.00	\$	0.50	\$	0.50	\$	10.00	\$	10
	0.10705.10	100010	0000		\$	-	\$	-	\$	-	\$	
ast Name 5, First Name MI	012/6543	1/2/2019	2022	3.00	8	25.00	\$	75.00	ş	-	\$	
	+	1/14/2019	2022	3.00	5	25.00	\$	/ 5.00	5	-	5	
		1/20/2019	2022	3.00	\$	25.00	ŝ	75.00	ŝ		ŝ	
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► Unit Price:

- Most Project Code unit pricing will be a 30-minute session (i.e. 1 unit = 30 minutes).
- However, some Project Codes have different units (See the chart).
- Review the Project Code pricing in Section B of the Statement of Work (SOW) for the appropriate unit charge.

Service	Unit	Example
Most Counseling	Per Session (30 minutes)	1 unit = 30 minutes
Intensive Outpatient Treatment	Per Day (3 hours per day, 3 days per week minimum)	1 unit = 1 day
Intake, Psychological & physical Reports	Per Report	1 unit = 1 report (regardless of the time it takes to complete)
Psychotropic Medication	Per Month	1 unit = 1 month (regardless of the number of medications prescribed)
Medication Monitoring & Administering Medications	Per Visit	1 unit = 1 visit
Administrative Fees	Per Expense	1 unit = 5% of the related charge
Co-Payments	Per Co-Payment	1 unit = 1 co-payment
Physiological Exams	Per Exam	1 unit = 1 exam
At Cost Services	Actual Cost	1 unit = actual cost of service provided
Polygraph Tests	Per Test	1 unit = 1 test

PREPARE YOUR INVOICE Step 2 – Part B, Transfer Data from the MTR MTR - Co-Pay (Amount Collected)



Part B – Co-Pay Received





ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS TREATMENT SERVICES INVOICE

INVOICE DETAIL

Fill-in the relevant information. The total units of each service rendered and their unit price will be transferred to the invoice on the next page (PART B)

Entries below will automatica	lly total and c	arry to Prob. Sun	nmary Tab									
	2.CLIENT	3. DATES OF	4. SERVICE	5. QUANTITY		6. UNIT			8.	CO-PAY	9.0	O-PAY
1 CLIENT NAME	NUMBER	SERVICE	RENDERED	(LINITS)	L	PRICE	L	7 COST	RE		REC	FIVED
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		1/11/2019	2010	2.00	\$	30.00	\$	60.00	\$	-	\$	-
					\$	-	\$	-	\$	-	\$	-
Last Name 2, First Name MI	543210	1/6/2019	2011	1.00	\$	300.00	\$	300.00	\$		\$	-
		1/8/2019	1010	1.00	\$	15.00	\$	15.00	\$		\$	-
		1/15/2019	1010	1.00	\$	15.00	\$	15.00	\$	-	\$	-
					ŝ	-	\$	-	\$		\$	-
Last Name 3. First Name MI	32104	1/1/2019	1202	1.00	Ś	45.00	\$	45.00	\$		\$	
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		1/16/2019	1010	1.00	Ť	15.00	Ť	15.00	÷	-	÷	
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Last Name 4, First Name MI	3456012	1/8/2019	2010	2.00	\$	30.00	\$	60.00	\$	-	\$	-
		1/15/2019	2010	2.00	\$	30.00	\$	60.00	\$	-	\$	-
		1/28/2019	2010	2.00	\$	30.00	\$	60.00	\$	-	\$	-
		1/28/2019	1501	1.00	\$	0.50	\$	0.50	\$	10.00	\$	10.00
					\$	-	\$	-	\$		\$	-
Last Name 5, First Name MI	01276543	1/2/2019	2022	3.00	Ś	25.00	\$	75.00	\$		\$	-
		1/14/2019	2022	3.00	Ś	25.00	\$	75.00	\$	-	\$	
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PREPARE YOUR INVOICE Step 2 – Part B, Data Entry

Enter each client:

- Last name first.
- Alphabetically (by last name).
- Separate the billing details of each client with a blank line.
- Enter services chronologically (By the date the services were provided).
- Your Part B should look like the sample provided.

PREPARE YOUR INVOICE Step 2 – Part B, Manual Entries



- Unit pricing for Administrative Fees (items which are a percentage of their parent cost), and actual cost items, will need to be manually entered (See Project Codes to the Right.)
- In these cases you will need to overwrite the formula in the Unit Price column.

<u>NOTE</u>: Because you may need to overwrite a formula, it's important to save a copy of the original invoice.

Project Code	Description	Price Base
4010	Physical Exam	Actual Cost
4020	Lab Studies & Rpt.	Actual Cost
6040	Psychotropic Med.	Actual Cost
6041	Psychotropic Med, Admin. Fee	5% of Actual Funds Expended Under PC 6040
6050	Administering Meds.	Actual Cost
1201	Client Transportation, Admin. Fee	5% of PC 1201
1202	Client Transportation	Actual Cost
1301	Emergency Assist., Admin. Fee	5% of PC 1302
1302	Emergency Assistance	Actual Cost
1501	Co-Payments & Admin. Fee	Actual Cost + 5% of Amount Collected

PREPARE YOUR INVOICE Step 2 – Part B, Manual Entries

In our sample, there were several items for which Block # 6, Unit Price, needed to be manually entered.

I	4. SERVICE RENDERED	5. QUANTITY (UNITS)	6. UNIT PRICE	7. COST	8. (RE	CO-PAY QUIRED	9. (RE(CO-PA
İ								
I	1010	1.00	\$ 15.00	\$ 15.00	\$	25.00	\$	-
I	2010	2.00	\$ 30.00	\$ 60.00	\$	-	\$	-
I			\$ -	\$ -	\$	-	\$	-
I	2011	1.00	\$ 300.00	\$ 300.00	\$	-	\$	-
ĺ	1010	1.00	\$ 15.00	\$ 15.00	\$	-	\$	-
I	1010	1.00	\$ 15.00	\$ 15.00	\$	-	\$	-
I			\$ -	\$ -	\$	-	\$	-
I	1202	1.00	\$ 45.00	\$ 45.00	\$	-	\$	-
I	1201	1.20	\$ 2.25	\$ 2.25	\$	-	\$	-
I	2010	2.00	\$ 30.00	\$ 60.00	\$	-	\$	-
l	1010	1.00	\$ 15.00	\$ 15.00	\$	-	\$	-
l	1010	1.00	\$ 15.00	\$ 15.00	\$	-	\$	-
l	1501	1.50	\$ 1.25	\$ 1.25	\$	25.00	\$	25.00
l			\$ -	\$ -	\$	-	\$	-
1	2010	2.00	\$ 30.00	\$ 60.00	\$	-	\$	-
1	2010	2.00	\$ 30.00	\$ 60.00	\$	-	\$	-
Į	2010	2.00	\$ 30.00	\$ 60.00	\$	-	\$	-
ļ	1501	1.00	\$ 0.50	\$ 0.50	\$	10.00	\$	10.00
Į			\$ -	\$ -	\$	-	\$	-
ļ	2022	3.00	\$ 25.00	\$ 75.00	\$	-	\$	-
ļ	2022	3.00	\$ 25.00	\$ 75.00	\$	-	\$	-
1	2022	3.00	\$ 25.00	\$ 75.00	\$	-	\$	-
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(PART B)



PREPARE YOUR INVOICE Step 2 – Part A, Data Entry



- Pre-Populated Information The invoice will come with some information already entered for you.
- Manual Entry Fields Some information you will need to enter yourself.
- Automated Fields Some information will populate with the information entered into Part B of the invoice.





Vendors Certification: I certify that all expenditures and requests for reimbursement in this voucher are accurate and correct to the best of my knowledge and include only charges for services actually rendered to clients under the terms of the agreement and for which no other compensation has been received from either the client or the United States District Court.

\frown		Authorized Administ	rator
6. PROJECT CODE	7. QUANTITY	8. UNIT PRICE	9. TOTAL PRICE
1010	5	15	75
1012			
1201	1	2.25	2.25
1202	1	45	45
1301			
1302			
1401			
1402			
1501	Included Below	N/A	NA
2010	10	30	300
2011	1	300	300
2020			
2022	9	25	225
2030			
4010			
4020			
6015			
6026			
		_	
		_	
		-	
	Totals		947 25
	Co-Pay Received		35.00
	SC 1501/Administrative	e Fee: (5%)	1.75
	Balance Due:		914.00

PREPARE YOUR INVOICE Step 2 – Part A, Pre-Populated Information



- The invoice template you receive will be prepopulated with the following information:
 - ► BOC(s)
 - Vendor's Name
 - BPA Number
 - Project Codes



Vendors Certification: I certify that all expenditures and requests for reimbursement in this voucher are accurate and correct to the best of my knowledge and include only charges for services actually rendered to clients under the terms of the agreement and for which no other compensation has been received from either the client or the United States Distric Court.

		Authorized Administ	rator
6. PROJECT CODE	7. QUANTITY	8. UNIT PRICE	9. TOTAL PRICE
1010	5	15	75
1012			
1201	1	2.25	2.25
1202	1	45	45
1301			
1302			
1401			
1402			
1501	Included Below	N/A	NA
2010	10	30	300
2011	1	300	300
2020			
2022	9	25	225
2030			
4010			
4020			
6015			
6026			
-			
	Totals:		947.25
	Co-Pav Received:		35.00
	SC 1501/Administrative	e Fee: (5%)	1.75
	Balance Due:		914.00

PREPARE YOUR INVOICE Step 2 – Part A, Manual Entry Fields



- You will need to manually complete the following fields:
 - Date

- Vendor's Address
- Vendor's Telephone Number
- Service Delivery (Month, Year)
- Total Number of Individuals Served

ATTACHMENT J.8 PAGE 1 OF 2

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS TREATMENT SERVICES INVOICE

BOC: 2526

	(PARTA)									
1.	Judicial District	US Probation Eastern District, CA	3. B.P.A.#	BPA Number						
2.	Vendor	Vendor's Name	4. Service Delivery:	Month, Year						
	a. Address:	Vendor's Address Vendor's Address	5. Total #							
	b. Telephone:	Vendor's Telephone Number	Served:	# of Individuals Served						



PREPARE YOUR INVOICE Step 2 – Part A, Automated Fields



- Some fields will be completed automatically, based on the information you enter in Part B, including:
 - Quantity
 - Unit Price
 - ► Total Price
 - ► Totals:
 - Co-Payments Received
 - ▶ PC 1501 Administrative Fee
 - Balance Due

DATE: 10/3/2007

ATTACHMENT J.8 PAGE 1 OF 2

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS TREATMENT SERVICES INVOICE

	BOC: 2526						
	(PART A)						
1.	Judicial District	US Probation Eastern District, CA	3. B.P.A.#	BPA Number			
2.	Vendor	Vendor's Name	4. Service Delivery:	Month, Year			
	a. Address:	Vendor's Address Vendor's Address	5. Total #				
	b. Telephone:	Vendor's Telephone Number	Individuals Served:	# of Individuals Served			

Vendors Certification: I certify that all expenditures and requests for reimbursement in this voucher are accurate and correct to the best of my knowledge and include only charges for services actually rendered to clients under the terms of the agreement and for which no other compensation has been received from either the client or the United States District Court.



PREPARE YOUR INVOICE Step 2 – Part A, Co-Payments



- The Co-Payments collected and the Administrative Fees are entered twice on Part A
 - Remove the amount in the body of the summary page, and
 - Allow the totals to calculate at the bottom

PREPARE YOUR INVOICE Step 2 – Part A, Signature

- Ensure the invoice is signed by the appropriate person at your agency.
- Unsigned invoices will be returned unpaid.

DAT	TE: 10/3/200	7			ATTACHMENT J.8 PAGE_1_OF_2	
		ADMINISTRATIVE O	FFICE OF THE	UNITED STATES C	COURTS	
	BOC: 2526	(PART A)				
1.	Judicial District	US Probation Eastern I	District, CA	3. B.P.A.#	BPA Number	
2.	Vendor	Vendor's Name	_	4. Service	Month Year	
	a. Address:	Vendor's Address Vendor's Address		5. Total #	Monul, Four	
	b. Telephone:	Vendor's Telephone Nu	umber	Individuals Served:	# of Individuals Served	
	services actually rendered compensation has been re	i clients under the terms of the agreement and for which no other aived from either the client or the United States District Court. Authorized Signature				
			Authorized Adr	ninistrator		
	6. PROJECT CODE		8. UNIT PR	ICE 9. TOTAL PRIC	2E	
	1010	5	15		75	
	1201	1	2.25	2	25	
	1207	1	45	۷.	45	
	1301				10	
	1302				-	
	1401					
	1402					
	1501	Included Below	N/A	1	NA.	
	2010	10	30	3	00	
	2011	1	300	3	00	
	2020	0	25		25	
	2022	3	20		20	
	2000					





REVIEW YOUR INVOICE STEP 3

REVIEW YOUR INVOICE Step 3 – Verify



- Once your invoice is complete, go back and compare the invoice with:
 - Monthly Treatment Reports (MTRs)
 - Logs and Sign-In Sheets Daily Treatment Logs (DTLs) & Sign-In Sheets (Breathalyzer, Sweat Patch & Urinalysis)
 - Reports Intake, Physical, Psychological, Polygraph, etc.
 - Receipts Copayments, Emergency Funds, Medication, Transportation, etc.
- Review each line on Part B to ensure there is a support document for every charge.
- Make any adjustment needed.
- NOTE: This is the same process our office will use to verify your invoice is correct.





SUBMIT YOUR INVOICE STEP 4

SUBMIT YOUR INVOICE Step 4 – Submission Process



- Electronically Through the U.S. Courts Electronic Reporting System (ERS)
 - Parts A & B only
 - NOTE: We ask you to submit parts A & B through ERS, so staff can begin processing invoices early in the month, prior to receiving the support documentation.
- Delivery Through the U.S. Postal Service, or some other delivery service, or hand delivery
 - Parts A & B, and
 - All documents which support the charges on Parts A & B
 - NOTE: We ask you to include a copy of Parts A & B with the support documentation to ensure they are married with the correct invoices.



SUBMIT YOUR INVOICE Step 4 – Email Submissions (Other than ERS)



You may submit Parts A & B with the supporting documents via email, if your agency allows you to send medical records via email and your agency's email system is HIPPA compliant.

► <u>NOTE</u>:

- Service providers are bound by HIPPA regulations when emailing medical records.
- However, the U.S. Pretrial Services Office and the U.S. Probation Office, as Government entities, are exempt from HIPPA regulations, and may receive medical records via email.



SUBMIT YOUR INVOICE Step 4 – Electronic Reporting System (ERS)

- To submit your invoice electronically, visit the U.S. Courts Electronic Reporting System (ERS)
- Website: <u>http://ers.uscourts.gov/</u>



SUBMIT YOUR INVOICE Step 4 – Electronic Reporting System (ERS)



- ► Welcome Page:
 - Click the "Begin Here" button
- Address Page Enter the following information:
 - ► The BPA Number
 - The email of the person you want your invoice to go to:
 - U.S. Probation Office Dena Larkin <u>dena larkin@caep.uscourts.gov</u>
 - U.S. Pretrial Services Office Amanda Underwood amanda underwood@caept.uscourts.gov
 - Select the Agency
 - Click "Next"

SUBMIT YOUR INVOICE Step 4 – Electronic Reporting System (ERS)



- Click "Choose File" to upload your invoice
- Check the box to certify your invoice is correct
- Add any comments you wish
- Click "Submit"
- IMPORTANT: You may submit through ERS only the following:
 - Parts A & B of your invoice No supporting documents
 - Microsoft Excel documents No Word or PDF documents



SUBMIT YOUR INVOICE Step 4 – Sending the Support Documentation



- You may transmit the support documentation via:
 - ► The U.S. Postal Service, or some other delivery service
 - Hand delivery, or
 - Email (if your agency allows and is HIPPA compliant)
- Include the following support documents:
 - Monthly Treatment Reports (MTRs)
 - Logs and Sign-In Sheets Daily Treatment Logs (DTLs) & Sign-In Sheets (Breathalyzer, Sweat Patch & Urinalysis)
 - Reports Intake, Physical, Psychological, Polygraph, etc.
 - Receipts Copayments, Emergency Funds, Medication, Transportation, etc.
 - Treatment Plans (Due every 90 days)
- ▶ **<u>NOTE</u>**: You do not need to include the PROB 45, Program Plans.



COMMON ERRORS

COMMON ERRORS



- Billing U.S. Pretrial Services on U.S. Probation Office invoice, and visa versa
- Charging incorrect unit prices (See Section B of proposal)
- Charging for "No Shows"
- Charging for stalls or insufficient quantities on UAs
- Charging for both application and removal of sweat patches
- No original signatures on Part A of the invoice
- Not charging correct unit amounts: (e.g. 1 unit = $\frac{1}{2}$ hour, 2 units = 1 hour, for most services)
- Not providing all support documentation with invoice



QUESTIONS?

QUESTIONS?



If you have questions about your BPA or contract, billing, or how to prepare your invoice, contact:

U.S. Probation Office: Michael S. Smith, Contracts Specialist (916) 930-4306 <u>michael_smith@caep.uscourts.gov</u>

U.S. Pretrial Services Office: Amanda Underwood, Procurement Administrator (916) 930-4363 <u>amanda underwood@caept.uscourts.gov</u>



