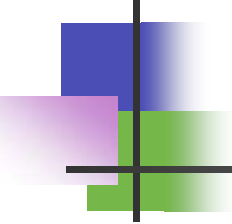


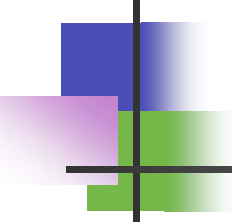
Monthly Invoicing

Instructions



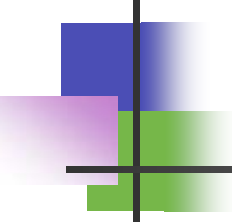
Monthly Processing of Invoices

- Invoices are to be received before the 10th of each month. (For example, January's invoices are to be received by February 10th)



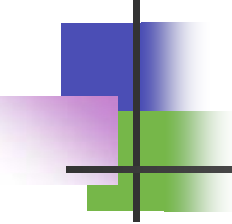
Vendors are required to submit the following each month:

- Part A (summarization of the services – no client names listed on Part A)
- Part B (each client with services listed)
- Monthly Treatment Report for each client
- Daily Log containing services received, time in/out, client and vendor initials
- Receipts (Copayments/bus passes, etc.)
- Central Specimen Log



Program Plan

- Bill only those services and quantities authorized on Program Plan (Form 45)
- Pay special attention to Effective Dates on the Program Plans



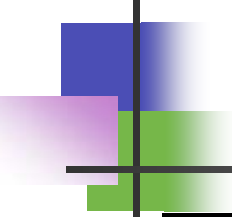
Daily Log

- Transfer services provided on the Daily Log to Part B of the invoice. The counselor will also pull the services from the Daily Log and list on the Monthly Treatment Report (MTR).
- Daily Logs may be handwritten

Daily Log (Example)

John Doe
June 2008

Date of Service	Type of Service Provided	Time In	Client Initials	Time Out	Client Initial	Vendor Initials
06/01/08	UA – 1010	1:00 pm	JD	1:10 pm	JD	Img
06/03/08	1010	2:15 pm	JD	2:18 pm	JD	Img
06/03/08	2010	2:30 pm	JD	3:30 pm	JD	Img
06/10/08	Group – 2020	7:00 pm	JD	9:00 pm	JD	gml



Part B (Example)

Client Name	Client Number	Date of Service	Project Code	Quantity (Units)	Unit Price	Cost
John Doe	15555	06/01/08	1010	1	10.00	10.00
		06/03/08	1010	1	10.00	10.00
		06/03/08	2010	2	10.00	20.00
		06/10/08	2020	4	10.00	40.00
		06/10/08	Copay			20.00
		06/10/08	1501			1.00
			TOTAL			61.00
Jane Doe	15561	06/05/08	1010	1	10.00	10.00
			TOTAL			10.00

Part A (Example)

(PART A)

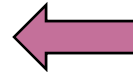
1. Judicial District: Oklahoma Western
2. Vendor: Your Vendor Name
Address: Vendor Address

Telephone: Phone Number

3. P.O./BPA #: Contract Number Here
4. Service Delivery
From: 06/01/08 To: 06/30/08
5. Total # of Individuals Served: 2

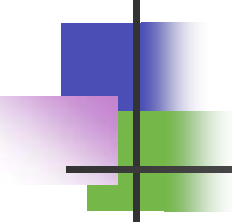
Vendor's Certification: I certify that all expenditures and requests for reimbursement in this voucher are accurate and correct to the best of my knowledge and include only charges for services actually rendered to clients under the terms of the agreement and for which no other compensation has been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

Authorized Administrator



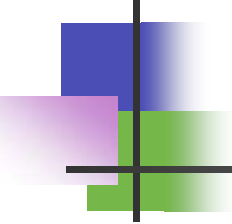
Original Signature

6. PROJECT CODE	7. QUANTITY(Units)	8. UNIT PRICE	9. TOTAL PRICE
1010	3	10.00	30.00
2010	2	10.00	20.00
2020	4	10.00	40.00
Total Copayment (insert minus sign before total)			-20.00
1501 Admin. Fee			1.00
(5% of total copay)			
TOTAL FOR REIMBURSEMENT			71.00



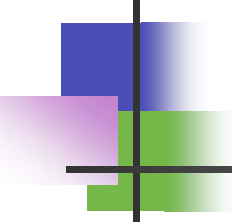
Monthly Treatment Report

- Make sure all services are listed from the Daily Log.
- The MTR needs to be typed and signed by the counselor.
- Remarks by counselor should include client's adjustment, responsiveness, and significant problems. Comments should not only note attendance and participation.



Common Errors

- Charging for no shows
- Charging for stalls or insufficient quantities on UAs
- Charging for both application and removal of the sweatpatch (only bill upon removal)
- Not charging correct unit amounts (1 unit = ½ hour; 2 units = 1 hour) (1
- Putting Pretrial clients on the Probation invoice
- No original signature on invoice
- Not providing all documentation with invoice
- Charging the incorrect unit price (See Order for Supplies or Services for correct prices)
- Multiplication errors



Contact Person

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