

# Monthly Invoicing

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Instructions

# Monthly Processing of Invoices

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- Invoices, both electronic (excel) and hard copies, are to be received before the 10<sup>th</sup> of each month. (For example, January's invoices are to be received by February 10th)



# Program Plan

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

# Vendors are required to submit the following each month:

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- Part A- is a summarization of the services –no client names listed on Part A (see example 1)
- Part B – A list of services rendered for each client (see example 2)
- Monthly Sign In Log- A document for each client, which contains the services rendered, time in/out, client signature, vendor initials, and comments (see example 3)
- Urinalysis/Alcohol Testing Log- Only applies to vendors who conduct Drug and Alcohol Testing (see example 4)

# Monthly Sign In Log

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- Transfer services listed on the Monthly Sign in Log to Part B of the invoice.
- Monthly Sign in Logs may be handwritten.



# Part A (Example 1)

Ensure to change this date to the date you submitted the billing.

DATE 1/1/2025

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BOC: 2548

Ensure to change the BOC for service provided.

ADMINISTRATIVE OFFICE OF THE UNITED STATES  
TREATMENT SERVICES INVOICE

(PART A)

Include the BPA number, date of service and number of clients served.

3. B.P.A.# 0978-2023-0123

4. Service Delivery: 12/1/2024-12/31/2024

5. Total # Individuals Served: 100

Include the district, vendors name, address, and phone.

Judicial District District of Nevada

Vendor 123 ABC

a. Address: 123 Las Vegas Blvd.  
Reno, NV 89509

b. Telephone: 123-456-7890

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 compensation has been received from either the client or the United States District Court.

Original Signature

6. PROJECT CODE	7. QUANTITY	8. UNIT PRICE	9. TOTAL PRICE
1501			
5012			
6012	64	155	9920
6022	270	25	6750
Totals:			16670.00
Co-Pay Received:			0.00
SC 1501/Administrative Fee: (5%)			0.00
Balance Due:			16670.00

## BOC Reference Guide:

- ★ 2548- Sex Offenders
- 2530- Mental Health
- 2526- Substance Abuse

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS  
TREATMENT SERVICES INVOICE

Part B (Example 2)

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 automatically total and carry to Prob. Summary Tab

1.CLIENT NAME	2.CLIENT NUMBER	3. DATES OF SERVICE	4. SERVICE RENDERED	QUANTITY (UNITS)	6. UNIT PRICE	7. COST	8. CO-PAY REQUIRED	9. CO-PAY RECEIVED	Project Code	Unit Price
Doe, John	062917	12/19/2024	6012	2.00	\$ 155.00	\$ 310.00	\$ -	\$ -	6012	155.00
		12/5/2024	6022	3.00	\$ 25.00	\$ 75.00	\$ -	\$ -	6022	25.00
		12/19/2024	6022	3.00	\$ 25.00	\$ 75.00	\$ -	\$ -		
		12/2/2024	6012	2.00	\$ 155.00	\$ 310.00	\$ -	\$ -		
					\$ -	\$ -	\$ -	\$ -		
Doe, Jane	061372	12/3/2024	6022	3.00	\$ 25.00	\$ 75.00	\$ -	\$ -		
		12/10/2024	6022	3.00	\$ 25.00	\$ 75.00	\$ -	\$ -		
		12/17/2024	6022	3.00	\$ 25.00	\$ 75.00	\$ -	\$ -		
		12/3/2024	6022	3.00	\$ 25.00	\$ 75.00	\$ -	\$ -		
		12/10/2024	6022	3.00	\$ 25.00	\$ 75.00	\$ -	\$ -		
		12/17/2024	6012	2.00	\$ 155.00	\$ 310.00	\$ -	\$ -		
		12/17/2024	6022	3.00	\$ 25.00	\$ 75.00	\$ -	\$ -		

# Monthly Sign In Log (Example 3)

## Include the following:

- BPA Number
- PACTS Number
- Check Pretrial or Post Conviction
- Note if Co-Payment was Collected

## Include the following:

- Vendor Name
- Defendant Name (Print/Type Clearly)
- Month and year for services

## MONTHLY SIGN IN LOG

in per month. Include all scheduled contacts. In the event the person does not attend a scheduled service, indicate no show in the comment column. In the event the person does not attend any service within the month, include a comment noting why no services were provided/received. If telemedicine is provided, print the defendant's/person under supervision's name within the signature field, and the comment section shall reflect the means in which the session was provided (i.e. teleconference, video conference, internet).

Vendor: 123 ABC

Defendant/Person Under Supervision: John Doe

Service Month/Year: January 2025

Agreement #: 0978-2023-0123

PACTS #: 062917


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Pretrial

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Post-Conviction

Required co-payment (if applicable): N/A

Date	Defendant/Person under Supervision signature	Project Code	Time In	Time Out	Vendor Initials	Co-pay Received	Comments (i.e., no show, delivery method of telemedicine, no services)
12/2/2024	 <small>Digitally signed by Renee Casseman Date: 2025.01.13 13:38:28 -0900</small>	6012	10:00 AM	11:30 AM	RAC	N/A	
12/3/2024		6012					No Call, No Show
12/4/2024		6022					Client Canceled

Fill out all required information regarding the date, signature of defendant, project code, time in/out, your initials, co-payment if received and comments as shown above.

Any missing information can result in delay of processing your billing or non-payment of services.



# UA Testing Log

(Example 4)

## Urinalysis Testing Log

Complete one form per person per month - to be used for project codes 1010 and 1011

**Defendant/Person Under Supervision Name:** John Doe

**FACTS #:** 062917

**Month/Year** 12/2024


**Pretrial** ☐

**Probation** ☒

**Vendor Name & BPA #:** 0978-2023-0123

**Co-Payment Required:** N/A

**Balance:**

Date Collected	Defendant/Person Under Supervision Signature	Collector initials	Bar Code # (for 1010)	Meds taken/Notes	Co-pay collected
12/2/2024	 <small>Digitally signed by Renee Caseman Date: 2025.01.14 15:01:02 -08'00'</small>	LRV	1011	Xanax	
12/3/2024				No Show	

# Common Errors

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- Charging for no shows
- Charging for stalls or insufficient quantities on UA's
- Not charging correct unit amounts (1 unit = 1/2 hour; 2 units = 1 hour)
- Putting Pretrial clients on the Probation invoice
- Combining BOC's on same invoice



## Common Errors (Cont.)

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- No original signature on invoice
- Not providing all documentation with invoice
- Charging the incorrect unit price
- Multiplication errors
- Billing for services provided from a prior month


# Submitting an Invoice

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- Email invoice to – **NVP\_Clinical\_Services@nvp.uscourts.gov**
- Subject: List BPA number and BOC number (2526, 2530, or 2548)
- In the body of the email comment: Attachment: Part A & B for BOC number (2526, 2530, or 2548) and (e.g. Mental Health (MH) Substance Abuse (SA), or Urine Testing (UA))



# Submitting an Invoice: Email Example

 Send	To	<a href="#">NVP Clinical Services;</a>
	Cc	
	Bcc	
Subject		123 ABC Therapy BPA 0978-2023-0123 BOC 2548, 2526, 2530

Good afternoon,

Please see attached excel documents for the following:

2526 Substance Abuse  
2530 Mental Health  
2548 Sex Offenders