

# Monthly Invoicing

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Instructions

## Monthly Processing of Invoices

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- Invoices 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)

## Vendors are required to submit the following each month:

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- 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 signature and initials, and vendor initials
- Urinalysis/Alcohol Testing Log

# 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

# Daily Log

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- 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 2017

## DAILY TREATMENT LOG

COMPLETE ONE FORM PER CLIENT PER MONTH

Client Name John Doe

Month/Year June 2017

Date	Client's Signature/Initials	Time In	Purpose of Visit	Co-Pay Collected	Time Out	Client's Initials	Vendor's Initials
06/01/17		13:00	2021	0	14:30	JD	JRS
06/08/17		13:00	2021	0	14:30	JD	JRS
06/15/17		13:00	2021	0	14:30	JD	JRS
06/22/17		13:00	2021	0	14:30	JD	JRS
06/29/17		13:00	2021	0	14:30	JD	JRS

# Part B (Example)

Revised 08/25/2006

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## 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 automatically total and carry to Prob. Summary Tab

1.CLIENT NAME	2.CLIENT NUMBER	3. DATES OF SERVICE	4. SERVICE RENDERED	5. QUANTITY (UNITS)	6. UNIT PRICE	7. COST	8. CO-PAY REQUIRED	9. CO-PAY RECEIVED
John Doe	062917	6/1/2017	2021	3.00	\$ 10.00	\$ 30.00		
		6/8/2017	2021	3.00	\$ 10.00	\$ 30.00	\$ -	\$ -
		6/15/2017	2021	3.00	\$ 10.00	\$ 30.00	\$ -	\$ -
		6/22/2017	2021	3.00	\$ 10.00	\$ 30.00	\$ -	\$ -
		6/29/2017	2021	3.00	\$ 10.00	\$ 30.00	\$ -	\$ -
					\$ -	\$ -	\$ -	\$ -
Jane Doe	061372	6/5/2017	2010	2.00	\$ 57.00	\$ 114.00	\$ -	\$ -
		6/12/2017	2010	2.00	\$ 57.00	\$ 114.00	\$ -	\$ -
		6/19/2017	2010	2.00	\$ 57.00	\$ 114.00	\$ -	\$ -
		6/26/2017	2010	2.00	\$ 57.00	\$ 114.00	\$ -	\$ -
					\$ -	\$ -	\$ -	\$ -

# Part A (Example)

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	<u>Nevada</u>	3. B.P.A.#	<u>0978-2016-0111</u>
2. Vendor	<u>Hope Counseling</u>	4. Service Delivery:	<u>Jun-17</u>
a. Address:	<u>123 Main Street Las Vegas, NV 89101</u>	5. Total # Individuals Served:	<u>2</u>
b. Telephone:	<u>702-123-4567</u>		

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.

Authorized Administrator

6. PROJECT CODE	7. QUANTITY	8. UNIT PRICE	9. TOTAL PRICE
1501			
2010	8	57	456
2011			
2021	12	10	120
Totals:			576.00
Co-Pay Received:			0.00
SC 1501/Administrative Fee: (5%)			0.00
Balance Due:			576.00



Original Signature



# Monthly Treatment Report

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- 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.

# Monthly Treatment Report (Example)

PROB 46  
Rev. 06/10)

## MONTHLY TREATMENT REPORT

This form must be completed and submitted with each monthly billing. Additional sheets may be used.

1. PROGRAM NAME:		1a. PROVIDER NAME: Hope Counseling		2. DATE OF CURRENT TX PLAN (ATTACH REVISIONS): May 2017	
3. CLIENT NAME: John Doe		3a. PACTS NO. 062917		4. FOR PERIOD COVERING: June 2017	
5. PHASE NO.	5a. TIME IN PHASE:	6. PRETRIAL CLIENT: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. CLIENT EMPLOYED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Student <input type="checkbox"/> Other	

### 8. CONTACTS SINCE LAST REPORT

a. Date	b. Service (Name & No.)	c. Length of Contact	d. Comments (No Shows, Tardiness, Issues Addressed)	e. Copay (amount collected)
06/01/17	2021	90 minutes	Identifying External Triggers	
06/08/17	2021	90 minutes	Identifying Internal Triggers	
06/15/17	2021	90 minutes	Common Challenge in Early Recovery	
06/22/17	2021	90 minutes	Total Abstinence	
06/29/17	2021	90 minutes	Motivation for Recovery	

## 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

## 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


# Submitting an Invoice

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- Email invoice to – [NVP Clinical Services@nvp.uscourts.gov](mailto: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

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 Send	To	NVP_Clinical_Services@nvp.uscourts.gov
	Cc	
Subject		BPA number (0978-2021-0123) and BOC number (2526, 2530, or 2548)

Attached Part A & B for BOC 0978-2021-0123 for 2526 Substance Abuse/Urine Testing, 2530 Mental Health, or 2548 Sex Offender|