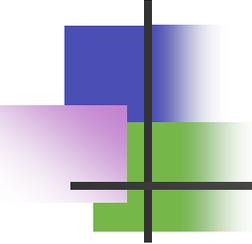


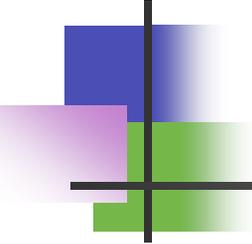
Monthly Invoicing

Instructions



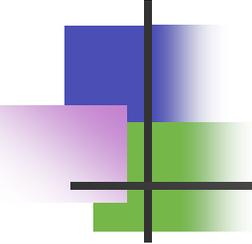
Monthly Processing of Invoices

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



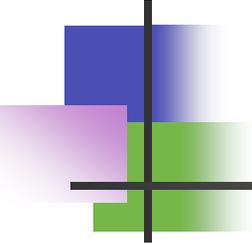
Vendors are required to submit the following each month:

- Part A (summarization of the services – no client names listed on Part A)
- Part B (each client with services listed)
- Monthly Sign In Log containing services received, time in/out, client signature and vendor initials
- Receipts (Copayments/bus passes, etc.)
- Any Reports completed (evaluations/reports)
- Urinalysis/Breathalyzer/Sweatpatch Logs



Program Plan

- Bill only those services and quantities authorized on Program Plan (Form 45)
- Pay special attention to Effective Dates on the Program Plans
- If you have both substance abuse and mental health BPA, pay special attention to the procurement number of termination program plans.



Monthly Sign In Log

- Must be filled out completely and signed by client and vendor.
- Transfer services received from the Monthly Sign In Log to Part B of the invoice.
- Monthly Sign In Logs may be handwritten

Monthly Sign In Log (Example)

John Doe

August 2023

Date of Service	Defendant/Person under supervision signature	Project Code	Time In	Time Out	Vendor Initials	Co-pay received	Comments (No Show, Telemedicine, etc)
8/2/23	(signature of client)	2010	8:00 am	9:05 am	JD	\$10	
8/9/23	(signature of client)	2010	8:00 am	8:42 1 am	JD		
8/11/23	(signature of client)	1010	1:00 pm	1:10 pm	JD	\$5	
8/15/23		2022	6:00 pm	8:00 pm	JD		NO SHOW
8/16/23	(signature of client)	2010	8:32 am	9:00 am	JD	\$10	

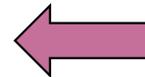
Part A (Example)

(PART A)

- 1. Judicial District: Kansas
- 2. Vendor: Your Vendor Name
Address: Vendor Address
- 3. P.O./BPA #: Contract Number Here
- 4. Dates of Service: 8/1/2023-8/31/2023
- 5. Total # of Individuals Served: 2
- Telephone: Phone Number

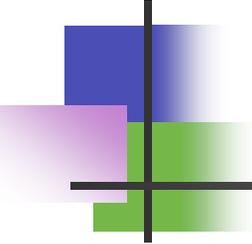
Vendor's Certification: I certify that all expenditures and requests for reimbursement in this voucher are accurate and correct to the best of my knowledge and include only charges for services actually rendered to clients under the terms of the agreement and for which no other compensation has been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

Authorized Administrator



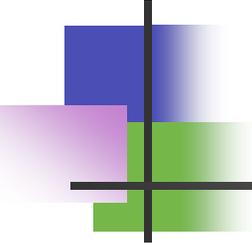
Original Signature

6. PROJECT CODE	7. QUANTITY(Units)	8. UNIT PRICE	9. TOTAL PRICE
1010	2	10.00	20.00
2010	5	10.00	50.00
Total:			70.00
Co-Pay Received:			35.00
Administrative Fee (5% of total copay)			1.75
BALANCE DUE:			36.75



Common Errors

- Charging for no show
- Charging for time exceeding program plan authorization or time not spent in services (waiting room time is not authorized)
- Charging for No Tests on UA's
- Charging for both application and removal of the sweatpatch (only bill upon removal)
- Not charging correct unit amounts:
 - 0-15 mins=0 units, 16-30 mins=1 unit, 31-45 mins=1.5 units, 46-60 mins=2 units, 61-75 mins=2.5 units, 76-90 mins=3 units
- Putting Pretrial clients on Probation invoice or vice versa
- Not including original signature on Part A of invoice
- Not providing all documentation with invoice
- Charging the incorrect unit price (See Order for Supplies or Services for correct prices)
- Math errors



Contact Person

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