

INSTRUCTIONS FOR COMPLETION
<p>NOTE: The original and three copies of Section A and Section B must be complete and legible. Submit to Missouri Department of Health, Division of Injury Prevention, Head Injury Rehabilitation & Local Health Services, P.O. Box 570, Jefferson City, Missouri, 65102. Phone: (314) 751-6170.</p>
<p>DATE: Date form is completed. INVOICE NUMBER: Assign an invoice number. PAGE NUMBER: Sequentially numbered. VENDOR: Name, address and phone number of vendor. VENDOR NUMBER: 7 digit number assigned by OA to identify as specific vendor. FISCAL YEAR: (already completed). AGREEMENT NUMBER: Complete your agreement number. AGENCY CODE: (already completed). COST CENTER CODE: (already completed). OBJECT CODE: (already completed).</p>
<p>SECTION A</p> <p>SERVICE DESCRIPTION: Services being billed for (i.e., assessment, functional living rehabilitation, day program, recreation, etc.) SERVICE CODE: Enter service code listed below. NUMBER OF CLIENTS: Number of clients who received the service. TOTAL NUMBER OF UNITS: Total number of units billed for this service. MONTH: 2 digit month the services invoice applies. TOTAL (\$) SERVICE AMOUNT BILLED: Total amount due by service. GRAND TOTAL (\$) AMOUNT BILLED: Total amount due. AUTHORIZED SIGNATURE: Authorized signature of person authorized to sign invoice and date signed. APPROVAL SIGNATURE: Head Injury Program approval signature.</p>
<p>SECTION B</p> <p>CLIENT NAME: MONTH: 2 digit month the services invoice applies. SERVICE CODE: Enter service code listed below. TOTAL UNITS AUTHORIZED: Total number of units that have been approved. TOTAL UNITS USED: Total number of approved units that have been used. UNITS USED THIS MONTH: Units billed for client this month. COST PER UNIT TOTAL (\$) BILLED THIS MONTH: Unit times (x) unit cost. PAGE TOTAL: Total amount of services billed to the state on this page only. AUTHORIZED SIGNATURE: Of person authorized to sign invoice and date signed. APPROVAL SIGNATURE: Head Injury Program approval signature.</p>
<p>SERVICE CODE</p> <p>001 Functional Living Rehabilitation 002 Day Activity Program 003 In-Home Support 004 Pre-Vocational-Pre-Employment Training 005 Recreation Services 006 Transportation-Program 007 Supported Employment-Long Term Extended Group Job Supervision 008 Supported Employment-Long Term Follow-Up 009 Community Support Services 010 Special Instruction 011 Physical Therapy Evaluation/Therapy 012 Occupational Therapy Evaluation/Therapy 013 Speech/Language Therapy Evaluation/Therapy 014 Psychologist/Neuropsychologist Evaluation 015 Counseling Psychologist 016 Counseling Social Worker 017 Counseling Licensed Counselor</p>

MO 580-1707 (5-93)

