

### Behavioral Health Cost Reimbursement Invoice

<b>Contractor :</b> Door To Hope - MCSTART (medi-Cal Eligible Clients) FY 2012-15		<b>Invoice Number :</b> <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
<b>Address Line 1</b>	130 W. Gabilan Street	<b>County PO No.:</b> <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
<b>Address Line 2</b>	Salinas, CA 93901	<b>Invoice Period :</b> <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>
<b>Tel. No.:</b>	(831) 758-0181	<b>Final Invoice :</b> (Check if Yes) <input type="checkbox"/>
<b>Fax No.:</b>		
<b>Contract Term:</b>	July 1, 2012 - June 30, 2013	
<b>BH Bureau :</b>	Mental Health	<b>BH Control Number</b> <span style="background-color: gray; color: white; border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>

Service Description	Mode of Service	SFC	Procedure Code	Rate of Reimbursement per Unit	Total Contracted UOS	UOS Delivered this Period	Total UOS Delivered as of Last Period	UOS Delivered to Date	% Delivered to Date of Contracted UOS	Remaining Deliverables	% of Remaining Deliverables	Total Contract Amount	Dollar Amount Requested this Period	Dollar Amount Requested to Date	Dollar Amount Remaining	% Remain of Total Contract Amount
Case Management	15	01	301	2.02	270,792					270,792	100.0%	547,000.00			547,000.00	100.0%
Medication Support	15	60	361	4.82	86,706					86,706	100.0%	417,922.00			417,922.00	100.0%
Mental Health Services	15	--	--	2.61	95,824					95,824	100.0%	250,101.00	--		250,101.00	100.0%
Collateral	15	50	311	2.61	--			--	--	--	--	--		--	--	--
Assessment/Evaluation	15	30	331	2.61	--			--	--	--	--	--		--	--	--
Individual Counseling	15	40	341	2.61	--			--	--	--	--	--		--	--	--
Group Counseling	15	50	351	2.61	--			--	--	--	--	--		--	--	--
Rehabilitation	15	45	381	2.61	--			--	--	--	--	--		--	--	--
Plan Development	15	45	391	2.61	--			--	--	--	--	--		--	--	--
<b>TOTALS</b>					453,322				--	453,322	--	1,215,023			1,215,023	100.0%

100%  
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I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_ Director of Finance

Date: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ 831-758-0181

Send to: Behavioral Health Claims Section  
 1270 Natividad Road  
 Salinas, CA 93906

Behavioral Health Authorization for Payment

\_\_\_\_\_  
 Authorized Signatory \_\_\_\_\_  
 Date