

Behavioral Health Cost Reimbursement Invoice

Contractor : Door To Hope - Nueva Esperanza Program Childrens Services FY 2012-15	Invoice Number :
Address Line 1 130 W. Gabilan Street	County PO No.:
Address Line 2 Salinas, CA 93901	Invoice Period :
Tel. No.: (831) 758-0181	Final Invoice : (Check if Yes) <input type="checkbox"/>
Fax No.:	
Contract Term: July 1, 2012 - June 30, 2013	
BH Bureau : Mental Health	BH Control Number

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	4,160					4,160	100.0%	8,403.00			8,403.00	100.0%
Mental Health Services	15	--	--	2.61	--	--	--	--	--	--	--	--	--	--	--	
Assessment/Evaluation	15	30	331	2.61	4,911					4,911	100.0%	12,818.00			12,818.00	100.0%
Group	15	50	351	2.61	77,400					77,400	100.0%	202,014.00			202,014.00	100.0%
TOTALS					86,471				--	86,471	--	223,235			223,235.00	100.0%

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