

SUPPORTIVE HOME CARE MONTHLY PROVIDER BILLING FORM

Provider: Complete and return this form by the **4th** OF THE MONTH FOLLOWING SERVICES to:

**Vilas County Department of Social Services
330 Court St. - Courthouse
Eagle River, WI 54521**

PROVIDER: RECORD NUMBER OF HOURS AND/OR DAYS WORKED FOR THE MONTH OF _____, 20____.

DATE

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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<p>General Services Provided: _____</p> <p>_____</p> <p>_____</p> <p><i>I certify that the information provided on this form is a true and accurate statement of the services I have provided.</i></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 50%; text-align: center;">Provider</th> <th style="width: 50%; text-align: center;">Client</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;">Name (Print)</td> <td style="height: 20px;">Name (Print)</td> </tr> <tr> <td style="height: 20px;">Mailing Address</td> <td style="height: 20px;">Mailing Address</td> </tr> <tr> <td style="height: 20px;">City/ZIP</td> <td style="height: 20px;">City/ZIP</td> </tr> <tr> <td style="height: 20px;">Telephone</td> <td style="height: 20px;">Telephone</td> </tr> <tr> <td style="height: 20px;">Signature/Date</td> <td style="height: 20px;">Signature/Date</td> </tr> </tbody> </table>	Provider	Client	Name (Print)	Name (Print)	Mailing Address	Mailing Address	City/ZIP	City/ZIP	Telephone	Telephone	Signature/Date	Signature/Date	<p style="text-align: center;">OFFICE USE ONLY:</p> <p>Authorized Hours: _____ Worked Hours: _____</p> <p>I have reviewed this accounting of services provided and determined that payment should be made to the provider in the following manner:</p> <p style="margin-left: 20px;">\$ _____ 104.23 (SHC) 103.26 (Respite) 104.14 (In/Outdoor Maintenance)</p> <p>Bill to _____ / _____ _____ / _____</p> <p>REQUESTED BY: _____</p> <p>WORKER / DATE _____</p>
Provider	Client												
Name (Print)	Name (Print)												
Mailing Address	Mailing Address												
City/ZIP	City/ZIP												
Telephone	Telephone												
Signature/Date	Signature/Date												

Employees will be paid through Vilas County Department of Social Services only for Previously Authorized Hours.