

Lakeland Care District



INDIVIDUAL SERVICE INVOICE

TO: Lakeland Care District
 50 N. Portland St.
 Fond du Lac, WI 54935

PROVIDER NAME: _____
 ADDRESS: _____
 TELEPHONE: _____

MEMBER NAME: _____

MONTH OF SERVICE: _____ YEAR: _____

1 st Service	2 nd Service	3 rd Service	4 th Service
Authorization Service Code or National Procedure Code	Authorization Service Code or National Procedure Code	Authorization Service Code or National Procedure Code	Authorization Service Code or National Procedure Code
Authorization Number	Authorization Number	Authorization Number	Authorization Number

1				1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31

Enter number of units onto log for each day of the month.

<u>TOTAL UNITS</u>	<u>TOTAL UNITS</u>	<u>TOTAL UNITS</u>	<u>TOTAL UNITS</u>	TOTAL INVOICE
0	0	0	0	
<u>UNIT RATE</u>	<u>UNIT RATE</u>	<u>UNIT RATE</u>	<u>UNIT RATE</u>	
<u>TOTAL COST</u>	<u>TOTAL COST</u>	<u>TOTAL COST</u>	<u>TOTAL COST</u>	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

The information provided on this form is a true and accurate statement of SERVICES provided.

Signature _____

Date _____