

# Lakeland Care District

Enriching members' lives by honoring their values through high quality, cost effective long-term care

## INDIVIDUAL SERVICE INVOICE

REMITT TO:

Lakeland Care District  
 N6654 Rolling Meadows Dr.  
 Fond du Lac, WI 54937

PROVIDER NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_

MEMBER NAME: \_\_\_\_\_

MONTH OF SERVICE: \_\_\_\_\_ YEAR: \_\_\_\_\_

1 <sup>st</sup> Service	2 <sup>nd</sup> Service	3 <sup>rd</sup> Service	4 <sup>th</sup> 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.

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