

Medicaid Waiver

Direct Purchase of Service Monthly Service Report/Payment Voucher

Report generated by:



Service Provider: Senior Services of Ottawa County **Tax ID#:** 28-1111111 **Billing Month:** February **Year:** 2006

Client Name: Barker, Nicholas **County:** 70 - Ottawa **DOB:** 1/1/1935 **Gender:** M **Client ID #:** 123456

| Service Name | 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 |
|---------------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Home Del. Meals - Hot (S5170-8001) | 1 | 1 | 1 | | | 1 | 1 | 1 | 1 | 1 | | | | 1 | 1 | 1 | 1 | | | 1 | 1 | 1 | 1 | 1 | | | 1 | | | | |
| Home Del. Meals - Frozen (S5170-8001) | | | | 2 | 2 | | | | | | 2 | 2 | | | | | | 2 | 2 | | | | | | 2 | 2 | | | | | |
| Home Del. Meals - Cold (S5170-8002) | 1 | 1 | 1 | | | 1 | 1 | 1 | 1 | 1 | | | | 1 | 1 | 1 | 1 | | | 1 | 1 | 1 | 1 | 1 | | | 1 | | | | |
| Homemaker (S5130) | | | 4 | | | 4 | | | | 4 | | | 4 | | | | 4 | | | 4 | | | | 4 | | | 4 | | | | |
| Personal Care (T1019) | | | 4 | | | 4 | | | | 4 | | | 4 | | | | 4 | | | 4 | | | | 4 | | | 4 | | | | |

| Service | Total Units | Unit Cost | Service Total |
|---------------------------------------|-------------|-----------|-----------------|
| Home Del. Meals - Hot (S5170-8001) | 18 X | \$5.25 = | \$94.50 |
| Home Del. Meals - Frozen (S5170-8001) | 16 X | \$5.25 = | \$84.00 |
| Home Del. Meals - Cold (S5170-8002) | 18 X | \$5.00 = | \$90.00 |
| Homemaker (S5130) | 32 X | \$3.25 = | \$104.00 |
| Personal Care (T1019) | 32 X | \$3.25 = | \$104.00 |
| Total Due: | | | \$476.50 |

HOME DELIVERED MEAL BASIS:
Intended Consumption Day

HOURLY EXCHANGE RATE:
15 Minutes = 1 Unit
1 Hour = 4 Units
1.5 Hours = 6 Units
2 Hours = 8 Units

Notes:

I certify that the expenditures being reported to Medicaid Waiver are correct and appropriate. Documentation is available and will be maintained as required.

Signed: Mary Wilson Date: 3/10/06

For Medicaid Waiver Use Only