

Medicaid Waiver

Direct Purchase of Service Monthly Service Report/Payment Voucher Summary Report

Report generated by:



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Billing Month: February **Year:** 2006

Service Provider: Senior Services of Ottawa County **Phone:** 616-555-1234

| SERVICE/CODE: | TOTAL UNITS: | UNIT COST: | TOTAL: |
|---------------------------------------|--------------|------------|----------|
| Home Del. Meals - Hot (S5170-8001) | 137 | \$5.25 | \$719.25 |
| Home Del. Meals - Frozen (S5170-8001) | 32 | \$5.25 | \$168.00 |
| Home Del. Meals - Cold (S5170-8002) | 117 | \$5.00 | \$585.00 |
| Home Del. Meals - Liquid (S5170-8003) | 20 | \$3.00 | \$60.00 |
| Homemaker (S5130) | 32 | \$3.25 | \$104.00 |
| Personal Care (T1019) | 32 | \$3.25 | \$104.00 |

TOTAL DUE: \$1,740.25

NOTES/COMMENTS: (problems, deviations from ordered services, etc.) _____

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

Signed: _____ **Date:** 3/10/06

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| For Medicaid Waiver Use Only |
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