

**Take Charge! Program  
Monthly Invoice - FY 2013**

Contractor Name:	Billing Contact:
Remittance Addr:	Email:
City, State, Zip:	Phone:
Phone:	Fax:
Fax:	Purchase Order:
<b><i>Please refer to your contract to determine your approved CPT codes for billing purposes</i></b>	FEI:
	Invoice #:
	Billing Date:
	Month of Service:

Column A					Column B			
CPT Code	Quantity	Approved Cost	Subtotal	OSDH ONLY	CPT Code	Quantity	Approved Cost	Subtotal
99201		\$ 38.61	\$ -		87621		\$ 49.71	\$ -
99202		\$ 66.33	\$ -		88142		\$ 21.39	\$ -
99203		\$ 96.41	\$ -		88164		\$ 14.97	\$ -
99212		\$ 38.61	\$ -		88172		\$ 48.46	\$ -
99213		\$ 64.78	\$ -		88173		\$ 125.48	\$ -
G0202		\$ 122.97	\$ -		88174		\$ 20.67	\$ -
G0204		\$ 148.53	\$ -		88175		\$ 26.06	\$ -
G0206		\$ 117.44	\$ -		88305		\$ 94.21	\$ -
76645		\$ 87.52	\$ -		88307		\$ 208.33	\$ -
77055		\$ 78.39	\$ -		88312		\$ 82.69	\$ -
77056		\$ 100.16	\$ -		88313		\$ 57.33	\$ -
77057		\$ 72.86	\$ -		88342		\$ 94.32	\$ -
19102		\$ 190.41	\$ -		88360		\$ 108.37	\$ -
19103		\$ 485.48	\$ -		57452		\$ 100.47	\$ -
19295		\$ 78.04	\$ -		57454		\$ 142.99	\$ -
76942		\$ 179.93	\$ -		57455		\$ 132.50	\$ -
77031		\$ 132.25	\$ -		57456		\$ 125.20	\$ -
10021		\$ 130.60	\$ -		57460		\$ 261.87	\$ -
10022		\$ 122.77	\$ -		57461		\$ 296.11	\$ -
19100		\$ 131.89	\$ -		57522		\$ 244.38	\$ -
99205		\$ 185.15	\$ -		58110		\$ 44.94	\$ -
							Travel Cost at Current Rate	
							Total Salary and Fringe	
							Consultation Fee	
							Supplies	
<b>Total for Column A</b>			<b>\$ -</b>		<b>Total for Column B</b>			<b>\$ -</b>

**NOTE: A properly completed invoice must be submitted within 30 days of the end of the month in which services were delivered.**

Do Not Write In This Area

<b>GRAND TOTAL</b>	<b>\$ -</b>
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