

**Take Charge! Program
Monthly Invoice - FY 2015**

Contractor Name:	Billing Contact:
Address:	Email:
City, State, Zip:	Phone:
Phone:	Fax:
Fax:	Purchase Order:
<i>Please refer to your contract to determine your approved CPT codes for billing purposes</i>	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
Form Completion		\$ 15.00	\$ -					
10021		\$ 148.17	\$ -		77059		\$ 529.09	\$ -
10022		\$ 139.61	\$ -		87621		\$ 47.87	\$ -
19081		\$ 659.21	\$ -		88142		\$ 20.60	\$ -
19082		\$ 528.14	\$ -		88164		\$ 14.42	\$ -
19083		\$ 654.01	\$ -		88165		\$ 14.42	\$ -
19084		\$ 520.57	\$ -		88172		\$ 55.01	\$ -
19085		\$ 984.95	\$ -		88173		\$ 145.89	\$ -
19086		\$ 780.81	\$ -		88174		\$ 19.91	\$ -
19100		\$ 148.73	\$ -		88175		\$ 25.10	\$ -
57452		\$ 112.82	\$ -		88305		\$ 70.55	\$ -
57454		\$ 160.48	\$ -		88307		\$ 280.52	\$ -
57455		\$ 148.30	\$ -		88312		\$ 92.08	\$ -
57456		\$ 140.18	\$ -		88313		\$ 63.44	\$ -
57460		\$ 286.27	\$ -		88360		\$ 128.48	\$ -
57461		\$ 325.36	\$ -		99201		\$ 43.35	\$ -
57522		\$ 273.77	\$ -		99202		\$ 75.08	\$ -
58100		\$ 113.59	\$ -		99203		\$ 109.30	\$ -
58110		\$ 50.44	\$ -		99205		\$ 211.56	\$ -
76645		\$ 97.07	\$ -		99212		\$ 43.69	\$ -
76942		\$ 67.20	\$ -		99213		\$ 73.94	\$ -
77053		\$ 58.67	\$ -		G0202		\$ 131.06	\$ -
77055		\$ 88.79	\$ -		G0204		\$ 160.00	\$ -
77056		\$ 114.01	\$ -		G0206		\$ 125.99	\$ -
77057		\$ 81.69	\$ -		G0461		\$ 86.63	\$ -
77058		\$ 531.12	\$ -		G0462		\$ 65.80	\$ -
Total for Column A			\$ -		Total for Column 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

Grand Total	\$ -
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