

# EHDI & Birth Defects (BD) Local Public Health Follow-up Invoice

CHB/County/Tribal Gov't Name:

Invoicing Period: \_\_\_\_\_ to \_\_\_\_\_

Date:

Person Completing the Form:

Phone Number:

Email:

Number of PHN's	TRAININGS	Allowable Amount	Amount billed
	Required MDH training(s) completed	\$150.00	

Number of Notifications	NOTIFICATIONS	Allowable Amount	Amount billed
	EHDI Hearing Screening Follow Up Forms - Federal CFDA 93.283	\$ 75.00	
	<b>EHDI Tier 1</b> – Confirmed Hearing Loss (CHL) Notifications (MEDSS LPH Wizard) - Federal CFDA 93.251	\$ 75.00	
	<b>EHDI Tier 2</b> - Confirmed Hearing Loss (CHL) Notifications (MEDSS LPH Wizard) - Federal CFDA 93.251	\$ 200.00	
	<b>EHDI Tier 3</b> - Confirmed Hearing Loss (CHL) Notifications (MEDSS LPH Wizard) - Federal CFDA 93.251	\$ 400.00	
	Birth Defects address update in MEDSS per MDH Request - State Funds	\$ 75.00	
	<b>BD Tier 1</b> – Birth Defect notifications (MEDSS LPH Wizard) - State Funds	\$ 75.00	
	<b>BD Tier 2</b> – Birth Defect notifications (MEDSS LPH Wizard) - State Funds	\$ 200.00	
	<b>BD Tier 3</b> – Birth Defect notifications (MEDSS LPH Wizard) - State Funds	\$ 400.00	
**PLEASE SPECIFY TRAININGS/NOTIFICATIONS BEING INVOICED ON PAGE 2**		TOTAL	

**ORIGINAL CERTIFICATION SIGNATURE**

*I certify that, to the best of my knowledge and belief, the data reported on this document is correct and all transactions that support this report were made in accordance with applicable Federal and State statutes and rules.*

Authorized Official Signature:	Date:
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Please send completed invoices to Cara Weston.

Invoice Submission Options:

- Email scanned signed copy to [cara.weston@state.mn.us](mailto:cara.weston@state.mn.us) (make sure names of children are not included on invoice)
- OR
- Fax signed copy to (651) 201-3655 AND send email to [cara.weston@state.mn.us](mailto:cara.weston@state.mn.us) to confirm fax was received

EHDI & BD Local Public Health Follow-up Invoice (page

2) CHB/County/Tribal Gov't Name:

Date:

Trainings Invoiced Above:

Person Who Attended Training	Date of Training	Name of Training

Hearing Screening Follow Up Forms Invoiced Above

Please provide LPH ID – do not use child's name if invoice will be emailed


**For CONFIRMED HEARING LOSS cases invoiced on page 1, please provide the MEDSS Event IDs in the tables below OR attach list of event IDs printed from MEDSS.**

EHDI Tier 1 CHL Notifications (MEDSS LPH Wizard) Invoiced Above


EHDI Tier 2 CHL Notifications (MEDSS LPH Wizard) Invoiced Above


EHDI Tier 3 CHL Notifications (MEDSS LPH Wizard) Invoiced Above


**For BIRTH DEFECT cases invoiced on page 1, please provide the MEDSS Event IDs in the tables below OR attach list of event IDs printed from MEDSS.**

Birth Defect Address Updates (MEDSS LPH Wizard) Invoiced Above


BD Tier 1 Birth Defect Notifications (MEDSS LPH Wizard) Invoiced Above


BD Tier 2 Birth Defect Notifications (MEDSS LPH Wizard) Invoiced Above


BD Tier 3 Birth Defect Notifications (MEDSS LPH Wizard) Invoiced Above
