



**North Country Community Mental Health**  
1420 Plaza Drive, Petoskey, MI 49770

**RESPITE CARE INVOICE – CONTRACT PROVIDER**

*Please clearly print all information*

Invoice Date: \_\_\_\_\_ Address Change  Yes  No  
 Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Client Name: \_\_\_\_\_ Client Number: \_\_\_\_\_

Date of Service	Hourly Rate	Start Time	AM/PM	End Time	AM/PM	Total Hours	Total Dollar Amount	Number of Clients

**Note:** Use one line per day. Days are 12:00AM to 12:00AM

\_\_\_\_\_  
Contract Provider Signature Date

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature Date

<p>Multiple Client Chart</p> <p>UN - 2 clients served</p> <p>UP - 3 clients served</p> <p>UQ - 4 clients served</p> <p>UR - 5 clients served</p> <p>US - 6 or more clients served</p>
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Submit Invoice to: FAX: (231) 238-3393  
 NCCMH Finance Dept.  
 1420 Plaza Drive Petoskey, MI 49770



## Respite Care Invoice Instructions

Invoices must be sent by the 5th work day of the month following the provision of respite care services. The invoice date will be the day you submit your invoice to NCCMH.

Copy Invoice, so you have a blank copy for each time you need a new invoice. All information should be **clearly printed** except for the signature line. Indicate on each invoice if this is a new address. Changes in address must be maintained in your contract file.

The **Date** of service, **Hourly Rate**, **Time of Start/End**, **Hours** of services and **Number of clients served** must be entered in the appropriate box for each day separately.

Example: An overnight stay **ends at 12:00 AM**, and the next day **begins at 12:00 AM**.

Calculate total hours. Calculate the total hours by the hourly rate, insert the total dollar amount for that particular day in the appropriate box.

Note: If more than 8 hours are indicated in a day then that day may be paid at a daily rate.

If services are provided simultaneousness for more than one client the rate will be adjusted accordingly with a portion being taken from each clients budget to reimburse for the respite hours.

Example: 2 clients each at rate of \$12.00 per hour for one hour would be paid by deducting \$6.00 from each clients budget for the hour.

**Sign and date** your invoice and have the client's parent/guardian sign and date the invoice as well. Signature date must be after the last date of services.

Submit the invoice to:

Fax: (231) 238-3393

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1420 Plaza Drive  
Petoskey, MI 49770

**Incomplete invoices will be returned for completion before being processed.**

A current W-9 (Request for Taxpayer Identification Number & Certification) must be on file in our office before any invoice will be paid. W-9's should be submitted annually or any time there is an address change. A 1099 Miscellaneous Income Statement may be provided at the end of the calendar year for your federal income tax purposes.