

Respite Care Invoice Instructions

Invoices must be postmarked by the 5th working 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 Total **Dollar** amount must be entered in the appropriate box for each day separately.

Example: An overnight stay **ends at 12:00 PM**, and the next day **begins at 12:01 AM**.

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

Note: any day over 8 hours will be paid at the daily rate.

Sign and date your invoice and have the client's parent/guardian sign and date the invoice as well.

Mail your completed invoice to:

NCCMH
Finance Dept.
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.