Fill out the Header with the origin information.

Next, fill in your name, the month you are submitting for, and today's date.

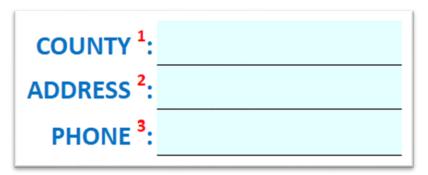
For each line needed, include:

- the Name of the held individual,
- the Date they were committed to DHHS,
- the Date they processed into the facility, and
- the Date they processed out of the facility.
 (Use the last day of the month if the individual is still a resident at the end of the month.)
- A copy of the individual's court order must be attached to the email.

Please leave any comments at the bottom.

E-mail this form with attached court orders to: <u>DHHS.Waitlist@Nebraska.Gov</u>

| INVOICE | | | | | | | |
|---|----------------------|---|------------------------------------|---|-----------------|-----------------------------|----|
| COUNTY 1: | | | | | | | |
| ADDRESS 2: | | | | | | | |
| PHONE 3: | | | | | | | |
| SUBMITTED BY ⁴ FOR MONTH OF ⁵ SUBMISSION DATE | | | SSION DATE 6 | | | | |
| | | | SEPTEMBER | 2022 | | | |
| INDIV | 'IDUAL ⁷ | Copy of court order ⁹ attached? | Date of ⁸ Commitment | LAST DAY OR ¹¹ END OF MONTH | TOTAL DAYS 12 | BILLABLE DAYS FOR SEPTEMBER | 13 |
| | | Required | | | | | |
| | | Required | | | | | |
| | | Required | | | | | |
| COMMENT 14 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | TOTAL DAYS BILLED 15 | | | | | | |
| | RATE 16 \$ 100 | | | | | | |
| | | | | TC | TAL INVOICED 17 | \$ - | |



- 1. This is the county of origin.
- 2. This is the address of origin.
- 3. This is the phone number of origin.

| SUBMITTED BY 4 | FOR M | MONTH OF 5 | SUBMISSION DATE 6 | |
|----------------|-----------|------------|-------------------|--|
| | SEPTEMBER | 2022 | | |

- **4.** This is the name of the person submitting the invoice.
- 5. This indicates what month that the invoice is for.
- **6.** This is the date that the invoice is being submitted to DHHS.

| INDIVIDUAL 7 | Copy of court order 9 attached? |
|--------------|---------------------------------|
| | Required |

- 7. This is the name of the individual being held at the facility.
- **9.** A copy of the individual's court order is required to be attached to the email. Please check this box once this document has been attached.

| Date of ⁸ Commitment | LAST DAY OR 11 END OF MONTH | TOTAL DAYS 12 | BILLABLE DAYS FOR SEPTEMBER | |
|------------------------------------|--------------------------------|---------------|-----------------------------|--|
| | | | | |

- **8.** This is the date that the individual was committed to DHHS.
- **10.** This is the date that the individual was processed into the facility. (Obsolete)
- 11. This is the date that the individual was processed out of the facility or, if the individual is still a resident at the end of the month, this is the date of the end of the current month.
- **12.** This is the automatically calculated number of days that this individual has been staying at this facility. (No editing required)
- 13. This is the automatically calculated number of days for the indicated month that can be billed to DHHS based on how long the individual has been at the facility. (No editing required)

| COMMENT 14 | | | |
|----------------------|----|-----|--|
| | | | |
| | | | |
| TOTAL DAYS BILLED 15 | | - | |
| RATE 16 | \$ | 103 | |
| TOTAL INVOICED 17 | \$ | - | |

- 14. Add comments here.
- **15.** This is the automatically calculated total of the number of billable days for the indicated month. (No editing required)
- **16.** DHHS will pay a rate of \$103 per day. (No editing required)
- 17. This is the grand total of the current invoice. (No editing required)