

Monthly Invoice Procedure

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: DHHS.Waitlist@Nebraska.Gov

Monthly Invoice Procedure

INVOICE

COUNTY ¹:

ADDRESS ²:

PHONE ³:

SUBMITTED BY ⁴		FOR MONTH OF ⁵		SUBMISSION DATE ⁶	
		SEPTEMBER	2022		
INDIVIDUAL ⁷	Copy of court order ⁹ attached?	Date of ⁸ Commitment	LAST DAY OR ¹¹ END OF MONTH	TOTAL DAYS ¹²	BILLABLE DAYS FOR ¹³ SEPTEMBER
	<input type="checkbox"/> Required				
	<input type="checkbox"/> Required				
	<input type="checkbox"/> Required				
COMMENT ¹⁴					
				TOTAL DAYS BILLED ¹⁵	-
				RATE ¹⁶	\$ 100
				TOTAL INVOICED ¹⁷	\$ -

Monthly Invoice Procedure

COUNTY ¹ :	
ADDRESS ² :	
PHONE ³ :	

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 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 attached? ⁹
	<input type="checkbox"/> 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 ¹³ 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)

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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)