

SPECTRUM COMMUNITY SERVICES

BILLING

CONSUMER _____ MONTH _____

DAYS OF SERVICE: _____

DAYS IN HOSPITAL: _____ DATES: _____

DAYS ABSENT: _____ DATES: _____

RESPITE HOURS: _____ DATES: _____

RESPITE PROVIDERS: _____

- RESPITE IS DEFINED AS ANY PERIOD OF TIME THE CONSUMER SPENDS WITH ANY INDIVIDUAL OTHER THAN THE INDEPENDENT CONTRACTOR IE, RESPITE CARE PROVIDERS, CONSUMER'S FAMILY, OR INDEPENDENT CONTRACTOR'S FAMILY. (SCHOOL, DAY PROGRAM, AND WORK HOURS ARE EXCLUDED.) RESPITE MAY ONLY BE PROVIDED BY AGENCY APPROVED AND CERTIFIED PROVIDERS. INDEPENDENT CONTRACTORS ARE REQUIRED TO NOTIFY THE EMERGENCY PAGER WHEN A CONSUMER IS PLACED IN RESPITE.

TRANSPORATION DATES: _____

_____ X _____ = \$ _____
 # OF DAYS TO WORK OR DAY PROGRAM TRANSPORTATION RATE

I, THE UNDERSIGNED, ASSERT THAT ALL INFORMATION CONTAINED ON THIS DOCUMENT IS TRUE AND ACCURATE.

 INDEPENDENT CONTRACTOR DATE

 RESIDENTIAL SUPPORT STAFF DATE

_____ X _____ - _____ + _____
 # OF DAYS X DAILY RATE LESS ROOM AND BOARD PLUS TRANSPORTATION
 OF SERVICE TOTAL DUE \$ _____