

INVOICE

Company: _____

Address: _____

Phone: _____

Date: _____

INVOICE #: _____

Service: Alternative Funds

TO: Long Term Care Administration
Living Choice Program
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105
Tel. 1-888-287-2443 Fax-405-530-7265

Member initials:

PO number:

| Dates of Service From | Dates of Service To | Service Description | # Units Billed | STD: \$21.02 VR: \$30.10 Other | Participant Total |
|-----------------------------|---------------------------|------------------------|----------------|--------------------------------------|----------------------|
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| | | | | | |
| | | | | | |
| | | | | Total | |

Provider Agency Approval: _____

Date: _____

Total Amount Billed on this Invoice: \$ _____

Director Approval: _____