# Take Charge! Program

## Monthly Invoice - FY 2015

| | |
|---|---|
| Contractor Name: | Billing Contact: |
| Address: | Email: |
| City, State, Zip: | Phone: |
| Phone: | Fax: |
| Fax: | Purchase Order: |
| *Please refer to your contract to determine your approved CPT codes for billing purposes* | FEI #: |
| | Invoice #: |
| | Billing Date: |
| | Month of Service: |

| Column A | | | | | Column B | | | |
|---|---|---|---|---|---|---|---|---|
| CPT Code | Quantity | Approved Cost | Subtotal | OSDH ONLY | CPT Code | Quantity | Approved Cost | Subtotal |
| Form Completion | | $ 15.00 | $ - | | | | | |
| 10021 | | $ 148.17 | $ - | | 77059 | | $ 529.09 | $ - |
| 10022 | | $ 139.61 | $ - | | 87621 | | $ 47.87 | $ - |
| 19081 | | $ 659.21 | $ - | | 88142 | | $ 20.60 | $ - |
| 19082 | | $ 528.14 | $ - | | 88164 | | $ 14.42 | $ - |
| 19083 | | $ 654.01 | $ - | | 88165 | | $ 14.42 | $ - |
| 19084 | | $ 520.57 | $ - | | 88172 | | $ 55.01 | $ - |
| 19085 | | $ 984.95 | $ - | | 88173 | | $ 145.89 | $ - |
| 19086 | | $ 780.81 | $ - | | 88174 | | $ 19.91 | $ - |
| 19100 | | $ 148.73 | $ - | | 88175 | | $ 25.10 | $ - |
| 57452 | | $ 112.82 | $ - | | 88305 | | $ 70.55 | $ - |
| 57454 | | $ 160.48 | $ - | | 88307 | | $ 280.52 | $ - |
| 57455 | | $ 148.30 | $ - | | 88312 | | $ 92.08 | $ - |
| 57456 | | $ 140.18 | $ - | | 88313 | | $ 63.44 | $ - |
| 57460 | | $ 286.27 | $ - | | 88360 | | $ 128.48 | $ - |
| 57461 | | $ 325.36 | $ - | | 99201 | | $ 43.35 | $ - |
| 57522 | | $ 273.77 | $ - | | 99202 | | $ 75.08 | $ - |
| 58100 | | $ 113.59 | $ - | | 99203 | | $ 109.30 | $ - |
| 58110 | | $ 50.44 | $ - | | 99205 | | $ 211.56 | $ - |
| 76645 | | $ 97.07 | $ - | | 99212 | | $ 43.69 | $ - |
| 76942 | | $ 67.20 | $ - | | 99213 | | $ 73.94 | $ - |
| 77053 | | $ 58.67 | $ - | | G0202 | | $ 131.06 | $ - |
| 77055 | | $ 88.79 | $ - | | G0204 | | $ 160.00 | $ - |
| 77056 | | $ 114.01 | $ - | | G0206 | | $ 125.99 | $ - |
| 77057 | | $ 81.69 | $ - | | G0461 | | $ 86.63 | $ - |
| 77058 | | $ 531.12 | $ - | | G0462 | | $ 65.80 | $ - |
| **Total for Column A** | | | **$ -** | | **Total for Column B** | | | **$ -** |

**NOTE: A properly completed invoice must be submitted within 30 days of the end of the month in which services were delivered.**

Do Not Write In This Area

| | |
|---|---|
| **Grand Total** | **$ -** |