

Medicaid Waiver
Direct Purchase of Service Monthly Service Report/Payment Voucher

Report generated by:



Service Provider: Senior Services of Ottawa County **Tax ID#:** 28-1111111 **Billing Month:** February **Year:** 2006
Client Name: Barker, Nicholas **County:** 70 - Ottawa **DOB:** 1/1/1935 **Gender:** M **Client ID #:** 123456

Service Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Home Del. Meals - Hot (S5170-8001)	1	1	1			1	1	1	1	1				1	1	1	1			1	1	1	1	1			1				
Home Del. Meals - Frozen (S5170-8001)				2	2						2	2					2	2							2	2					
Home Del. Meals - Cold (S5170-8002)	1	1	1			1	1	1	1	1				1	1	1	1			1	1	1	1	1			1				
Homemaker (S5130)			4			4				4			4				4			4				4			4				
Personal Care (T1019)			4			4				4			4				4			4				4			4				

Service	Total Units	Unit Cost	Service Total
Home Del. Meals - Hot (S5170-8001)	18	X \$5.25 =	\$94.50
Home Del. Meals - Frozen (S5170-8001)	16	X \$5.25 =	\$84.00
Home Del. Meals - Cold (S5170-8002)	18	X \$5.00 =	\$90.00
Homemaker (S5130)	32	X \$3.25 =	\$104.00
Personal Care (T1019)	32	X \$3.25 =	\$104.00
Total Due:			\$476.50

HOME DELIVERED MEAL BASIS:

Intended Consumption Day

HOURLY EXCHANGE RATE:

15 Minutes = 1 Unit

1 Hour = 4 Units

1.5 Hours = 6 Units

2 Hours = 8 Units

Notes:

I certify that the expenditures being reported to Medicaid Waiver are correct and appropriate. Documentation is available and will be maintained as required.

Signed: Mary Wilson Date: 3/10/06

For Medicaid Waiver Use Only