

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

Report generated by:



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Billing Month: February **Year:** 2006**Service Provider:** Senior Services of Ottawa County **Phone:** 616-555-1234

SERVICE/CODE:	TOTAL UNITS:	UNIT COST:	TOTAL:
Home Del. Meals - Hot (S5170-8001)	137	\$5.25	\$719.25
Home Del. Meals - Frozen (S5170-8001)	32	\$5.25	\$168.00
Home Del. Meals - Cold (S5170-8002)	117	\$5.00	\$585.00
Home Del. Meals - Liquid (S5170-8003)	20	\$3.00	\$60.00
Homemaker (S5130)	32	\$3.25	\$104.00
Personal Care (T1019)	32	\$3.25	\$104.00
TOTAL DUE:			\$1,740.25

NOTES/COMMENTS: (problems, deviations from ordered services, etc.) _____

*I certify that the expenditures being reported to Medicaid Waiver are correct and appropriate. Documentation is available and will be maintained as required.***Signed:** _____ **Date:** 3/10/06

For Medicaid Waiver Use Only