

In-Home Invoice Instructions

Instructions for In-Home Agencies completing and submitting-- Aging, Disability, and Veteran Services Division (ADVSD) Contractor Payment Request and Resource Summary (Exhibit 8)

The PAYMENT REQUEST and RESOURCE SUMMARY (IH-08) serves as the monthly reimbursement request document and provides other resource information by service category. The invoice and back-up documents are due by the 10th working day of the month following the month of service. Back-up service data and invoice must match for payment to be processed in a timely manner by ADVSD.

Follow this link to [Provider Forms](#)

INSTRUCTIONS

Fill in:

- Agency name
- Address
- Invoice Date
- Agency code
- Invoice #

For each service contracted with ADVSD, please list the following:

- Month and year of service
- Number of Billed Units - *Total services provided during report month. The units (rounded to the nearest .25) are documented on a backup report that lists services provided to clients (IH-10).*
- Unit Rate for service - *Current contracted rate of each service*
- Total Amount - *Multiply the number of billed units times the unit rate.*
- Program Income collected during report month - *Total matches amount on program income report (IH-16)*
- Payment Request - *The total Amount minus the Program Income*
-

Sum and verify totals on TOTALS line for:

- Total Amount
- Payment Request
- Program Income

Include the name, title and phone of the person submitting the form.

Submit via email to: ads.contracts@multco.us

CONTACT INFORMATION

Contract Liaison, Joanne O'Connell, joanne.oconnell@multco.us, 503.988.8465

Questions related to invoices/billing can be directed to ads.contracts@multco.us