***WEEKLY INVOICE***

***Service Month /Yr:***  ***Week Ending: 1 of 1***

***Consultant Name:***

***Bill To: Greater Malden Behavioral Health.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attention: Billing Department***

 ***6 Pleasant St, Malden MA 02148***

Please Note: ***One Consumer Per Page***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Client NameFirst & LastD.O.B | GMBH MIS # | Insurance | Date of Service | Type of Service | # of Units | **Billing Purpose Only** |
| 1 |        |       |       |       | [ ]  IHT-HO**[ ]** IHT-BA [ ]  CSP [ ] OPD [ ]  TM |       |       |
| 2 |       |       |  |  | [ ]  IHT-HO [ ]  IHT-BA [ ]  CSP [ ] OPD [ ] TM |       |       |
| 3 |       |       |       |       |  [ ] IHT-HO [ ]  IHT-BA [ ]  CSP [ ] OPD [ ]  TM |       |       |
| 4 |       |       |       |       | [ ]  IHT-HO [ ] ⁭ IHT-BA [ ] ⁭CSP [ ] ⁭OPD⁭[ ]  TM |       |       |
| 5 |       |       |       |       | [ ]  IHT-HO [ ]  IHT-BA [ ] ⁭CSP [ ] ⁭OPD ⁭[ ]  TM |       |       |
| 6 |       |       |       |       | ⁭[ ]  IHT-HO [ ] ⁭ IHT-HN [ ]  CSP [ ] OPD ⁭[ ]  TM |       |       |
| 7 |       |       |       |       | ⁭ [ ] IHT-HO ⁭[ ] IHT-HN [ ] CSP ⁭[ ] OPD [ ]  TM |       |       |
| 8 |       |       |       |       | [ ] IHT-HO [ ] IHT-HN ⁭[ ] CSP ⁭[ ] OPD ⁭[ ]  TM |       |       |
| 9 |       |       |       |       | [ ] IHT-HO [ ] IHT-HN ⁭[ ] CSP ⁭[ ] OPD ⁭[ ]  TM |       |       |
| 10 |       |       |       |       |  [ ] IHT-HO [ ] IHT-HN [ ] CSP ⁭[ ] OPD ⁭[ ]  TM |       |       |
| 11 |       |       |       |       | [ ] IHT-HO ⁭[ ] IHT-HN [ ] CSP ⁭[ ] OPD ⁭[ ] TM |       |       |
| 12 |       |       |       |       | [ ] IHT-HO [ ] IHT-HN [ ] CSP [ ] OPD ⁭[ ] TM |       |       |
| 13 |       |       |       |       | ⁭[ ]  IHT-HO [ ]  IHT-HN [ ] CSP ⁭[ ] OPD ⁭[ ]  TM |       |       |
| 14 |       |       |       |       | [ ] IHT-HO ⁭[ ] IHT-HN ⁭[ ] CSP ⁭[ ] OPD ⁭[ ]  TM |       |       |
| 15 |       |       |       |       | [ ] IHT-HO ⁭ [ ] IHT-HN ⁭[ ] CSP [ ] OPD ⁭[ ]  TM |       |       |
| ***By signing below, I certify and acknowledge that this document is an accurate representation or the work provided to or on behalf of the above named organization, individual or entity.*** **Provider Signature:** **Date:**  |
| **Finance Signature:** **Date:**  |
| **NOTES**  |