

# BOYS AND GIRLS HOME MONTHLY BILLING DOCUMENT

Claim Number:

## 1.Provider Information

(E)Provider Name:

Contractor Name and Address:

(F)Phone Number

2. Ln	3. Client Name	4. Client ID Number	5. Authoriz. Number	6. Service Code	7. Service From Date	8. Service Thru Date	9. Freq	10. Units	11. Rate	12. Total Charge		14. Charge
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												

15.Provider/Preparer Signature

16.Signature Date

17.Service Approval Signature

18. Approval Date

19.Total Charge