

INVOICE

Company: _____
 Address: _____
 Phone: _____

Date: _____
 INVOICE #: _____
 Service: Alternative Funds

TO: Long Term Care Administration
 Living Choice Program
 4345 N. Lincoln Blvd.
 Oklahoma City, OK 73105
 Tel. 1-888-287-2443 Fax-405-530-7265

Member initials:

PO number:

Dates of Service From	Dates of Service To	Service Description	# Units Billed	Rate Standard \$19.11 Very Rural \$27.36	Participant Total
				Total	

Provider Agency Approval: _____

Date: _____

Total Amount Billed on this Invoice: \$ _____

Director Approval: _____