

Take Charge! Program Monthly Invoice FY2021
Rates are effective July 1, 2020 - June 29, 2021

Contractor Name:	Billing Email Address:
Billing Contact:	Purchase Order:
Address:	FEI Number:
City, State, Zip:	Invoice Number:
Phone:	Billing Date:
Fax:	Month of Service:

Column A				Column B				Column C			
CPT Code	Qty	Approved Cost	Subtotal	CPT Code	Qty	Approved Cost	Subtotal	CPT Code	Qty	Approved Cost	Subtotal
Form completion		\$ 15.00		19286		\$357.73		88141		\$24.41	
Medical Consultation		\$ 100.00		19287		\$717.00		88142		\$20.26	
G0279		\$52.01		19288		\$567.32		88143		\$23.04	
10004		\$50.54		57452		\$116.33		88164		\$15.12	
10005		\$123.27		57454		\$159.95		88165		\$42.22	
10006		\$58.41		57455		\$149.96		88172		\$53.35	
10007		\$276.88		57456		\$140.77		88173		\$145.10	
10008		\$157.94		57460		\$292.10		88174		\$25.37	
10009		\$435.07		57461		\$328.72		88175		\$26.61	
10010		\$263.13		57500		\$136.23		88177		\$28.58	
10011		\$435.07		57505		\$122.77		88305		\$66.38	
10012		\$263.13		57520		\$323.14		88307		\$255.91	
10021		\$93.68		57522		\$278.53		88331		\$93.77	
19000		\$102.83		58100		\$94.39		88332		\$51.66	
19001		\$26.64		58110		\$49.77		88341		\$85.75	
19081		\$567.78		76098		\$39.95		88342		\$97.83	
19082		\$453.70		76641		\$99.54		88360		\$116.36	
19083		\$561.24		76642		\$81.75		88361		\$118.37	
19084		\$441.16		76942		\$54.53		99156		\$77.68	
19085		\$851.90		77046		\$226.54		99157		\$62.96	
19086		\$672.81		77047		\$232.91		99201		\$43.19	
19100		\$145.72		77048		\$358.06		99202		\$72.20	
19101		\$320.41		77049		\$367.18		99203		\$102.64	
19120		\$487.74		77053		\$52.62		99204		\$157.90	
19125		\$539.68		77063		\$52.01		99205		\$199.92	
19126		\$161.26		77065		\$124.16		99211		\$21.52	
19281		\$230.99		77066		\$156.28		99212		\$42.87	
19282		\$161.37		77067		\$126.51		99213		\$71.41	
19283		\$255.59		81025		\$8.61		99214		\$103.94	
19284		\$192.69		87624		\$35.09					
19285		\$421.93		87625		\$40.55					
Total for Column A				Total for Column B				Total for Column C			

Signature of person completing invoice Date invoice completed		Total from Column A Total from Column B Total from Column C Grand Total		
Contract Monitor		Signature Date Approved Yes No		