

K100 PROVIDER INSTRUCTIONS

RESOURCE INFORMATION (1-7)

- (1) Enter the name of the person who is the responsible party who certifies that all payments billed for services rendered.
- (2) Enter the date on which your facility submitted billing to the Local Office via email attachment.
- (3) Enter your Resource Name and Address to which checks should be mailed.
Type Your Provider name then use **Alt.+ Enter** to move downward within this cell to each address line.
- (4) Enter your NJ SPIRIT Resource Identification Number.
- (5) Enter the Provider 9 digit FEIN you are issued payments under.
- (6) & (7) Enter the person's name & phone number whom may be contacted with questions.

K100 INVOICE INFORMATION HEADER

- (8) & (9) Enter the Local Office & CC# that supervises each case. (Select Name & CC# from Dropdown Menu)
- (10) Enter the K100 Invoice numbers sequentially for each set of 4 lines billed.
Contact the Office of Accounting at 609-888-7150 to obtain groups of 100 Invoice numbers.
Each K100 Invoice Number can only be used for ONE Case for up to 4 lines associated with that case.
- (11) You may enter up to 4 payment billing lines per Invoice number but again all 4 lines must be associated with the one Case ID you indicated.
Note: You may bill for one client for different months OR you may also bill for multiple clients spanning these 4 lines but, the client(s) must be for the same Case!
- (12) Enter the unique NJ SPIRIT assigned Identification number for the CASE.
- (13) Enter the Last, First and Middle Initial of the CASE.
- (14) Enter the NJ SPIRIT client Participant Identification number of the client in this Case for whom you are billing.
- (15) Enter the Last Name of the Client Participant in this Case for whom you are billing.
- (16) Enter the Client Participant's First Name in this Case for whom you are billing.
- (17) - (18) Enter the FROM Date and the TO Date of the Date(s) of the dates services were rendered that you are billing for.
A. RE: for Support Services-ONLY blanket the full month from the 1st.-31st. if you are *certain* you will not be submitting another bill for the same month for that client. When you blanket a given month then later submit another K100 billing perhaps for a date you may have missed, your Invoice will be tagged as a duplicate; your payment will be delayed until the research is completed thus a delay of your payment.
B. It is best to bill only ONE date as the FROM and TO date per line so as not to have duplicates.
- (19) Enter -2- pieces of information; The Name of the "contracted Program under which the services are being provided AND also the type of service rendered.
- (20) Enter the number of Units, Hours, Sessions (if support services) or DAYS if billing is for overnight stay Board
- (21) Enter the contracted RATE you are billing at.
- (22) Automatically calculated - please do not enter data in this field.
- (23) ATTENDANCE - for overnight stay "board" and/or "clothing" dates Only - Enter the date client went IN your facility & if the client was discharged, Enter date client went OUT. (Support Service Providers do not fill out)
- (24) Enter any COMMENTS you may have & take note that if blanketing the FROM & TO dates - please list the actual dates served.
- **NOTE: FILE NAMING CONVENTION** - Save your billing and file name according to the "Service Month" and Year billed. EXAMPLE: all services that occurred during March 2013 would be billed on the spread sheet most likely the beginning of April. When you Save each month's billing using the "service month" name & Year, both yourself and the LO's will easily be able to identify the billing in the event of a questioned invoice.
- Sample File Name - **XYZ Agency -March 2013 Billing**
- ***Via DataMotion -Submit K100 Billing Spread Sheet MONTHLY to the Local Offices you've billed for a client.**

(1) PAYEE DECLARATION

The screenshot shows a Microsoft Excel spreadsheet titled "Template K100 BILLING SPREAD SHEET 100 INVOICE CAPACITY - DCP04-2013 with comment.instructions.xls" in Compatibility Mode. The ribbon includes File, Home, Insert, Page Layout, Formulas, Data, Review, and View. The spreadsheet is divided into several sections:

- Section 1 (Row 1):** "Person given or received on account of" (light blue). The name "Jane Smith, CEO" is entered and circled in red. To the right, a yellow box contains the instruction: "(1) Enter the name of the person who is the responsible party who certifies that all payments billed for services rendered."
- Section 2 (Row 2):** "Agency Contact Person's Name" (yellow) contains "JOSEPH MYERS". "Contact's PHONE" (yellow) contains "609-765-1234" and "732-555-9876".
- Section 3 (Row 3):** "Calculation (as it appears on each K100 line)". The header includes "COMMENTS:" and "Local Office Use ONLY".
- Section 4 (Row 4):** Column headers for the calculation table: "(20) No. Dvs. or ENTS", "(21) RATE", "(22) AMOUNT TO BE PAID:", "(23) ATTENDANCE DATES IF amt. being paid is for BOARD &/or CLOTH on an Overnight stay PLACEMENT, indicate the date child admitted IN & date client LEFT", "(24) COMMENTS- Use for clarification of RATE, AMOUNT, LIST DATES BILLED or any other clarification for line billed.", and a sub-section for "Local Office Use ONLY" with columns for "(25) Court Ordered?", "(26) Court Order DATE", "(27) IS THIS LINE ITEM APPROVED? Y OR N", "(28) INITIALS OF L.O. PERSON ENTERED K100", and "(29) CHECK NO. & CHECK DATE (or 'Not APPROVED')".
- Section 5 (Row 5):** Data entry row: "2 x 100.00 = 200.00". Attendance dates: "4/4/2013, 4/11/2013". Comment: "Previous charge was \$125, reduced for the month of April".
- Section 6 (Row 6):** Data entry row: "x = 0.00".
- Section 7 (Row 7):** Data entry row: "x = 0.00".
- Section 8 (Row 8):** Data entry row: "x = 0.00".

(3) RESOURCE NAME AND ADDRESS

Template K100 BILLING SPREAD SHEET 100 INVOICE CAPACITY - DCP 04-2013 with comment.instructions.xls [Compatibility Mode] - Micro...

File Home Insert Page Layout Formulas Data Review View

Arial Narrow 10

Clipboard Paste Font Alignment Number Styles Cells Editing

C2 4/14/2013

RESOURCER

PAYEE/ Resource DECLARATION >>>> I certify that the invoices listed are correct in all it's particulars, that described goods or services have been furnished or rendered, and that no bonus said service.

(2) Date submitted as email attachment to DYFS L.O.'s : 04/14/2013

(3) Enter Resource Name: PROVIDER A
 Mail Address 1: 555 MAIN STREET
 Mail Address 2: TRENTON, NJ 08625
 City, State ZIP

(4) Enter your Resource Name and Address to which checks should be mailed. (5) Required Enter 9 digit FEIN>>> 123-456-789

(8) L.O. NAME (9) Local Office CC# (Cost Center Number) (10) K100 Invoice# (11) K100 Invoice# (12) NJ SPIRIT CASE ID# (only 1 CID# per K100 Invoice #) (13) CASE NAME LAST, FIRST INIT (14) NJ SPIRIT CLIENT (PID#) PARTICIPANT ID# (all participants must belong to the same CASE ID#) (15) LAST (16) FIRST (17) FROM Date (only ONE month per line - do not overlap months on any one line) (18) TO Date (only ONE month per line - do not overlap months on any one line) (19) DYFS *Contract PRG NAME & Type of Service

	(8) L.O. NAME	(9) Local Office CC# (Cost Center Number)	(10) K100 Invoice#	(11) K100 Invoice#	(12) NJ SPIRIT CASE ID# (only 1 CID# per K100 Invoice #)	(13) CASE NAME LAST, FIRST INIT	(14) NJ SPIRIT CLIENT (PID#) PARTICIPANT ID# (all participants must belong to the same CASE ID#)	(15) LAST	(16) FIRST	(17) FROM Date (only ONE month per line - do not overlap months on any one line)	(18) TO Date (only ONE month per line - do not overlap months on any one line)	(19) DYFS *Contract PRG NAME & Type of Service
1	Burlington East	767	240	1	89100223	Williams, John	33450896	WILLIAMS	MARY	04/01/2013	04/15/2013	ABC Psychology, Tr
1	Burlington East	767										
1	Burlington East	767										
1	Burlington East	767										

100 Invoice Capacity

1 <Total Number Line items this invoice

Problem Steps Recorder - Recording Now

Pause Record Stop Record Add Comment 00:00:20

TAB#1 - 100 INVOICE CAPACITY K100 Provider Instructions

Cell F2 commented by Jeff Eder

(4) NJ SPIRIT RESOURCE ID#

The screenshot shows an Excel spreadsheet with the following content:

RESOURCE

PAYEE/ Resource DECLARATION >>>> I certify that the invoices listed are correct in all it's particulars, that described goods or services have been furnished or rendered, and that no bonus said service.

(2) Date submitted as email attachment to DYFS L.O.'s : 04/14/2013

(3) Enter Resource Name: PROVIDER A
Mail Address 1: 555 MAIN STREET
Mail Address 2: TRENTON, NJ 08625
City, State, ZIP

(4) Enter NJ SPIRIT RESOURCE ID#>>>>>>>>>>>>>>>>>>>> 987

(4) Enter your NJ SPIRIT Resource Identification Number.

(8) L.O. NAME	(9) Local Office CC# (Cost Center Number)	(10) K100 Invoice#	(11) K100 Invoice Line# (max is 4 lines per K100 Invoice #)	(12) NJ SPIRIT CASE ID# (only 1 CID# per K100 Invoice #)	(13) CASE NAME (LAST, FIRST INIT)	(14) NJ SPIRIT CLIENT (PID#) PARTICIPANT ID# (all participants must belong to the same CASE ID#)	(15) CHILD NAME (LAST)	(16) CHILD NAME (FIRST)	(17) FROM Date (only ONE month per line - do not overlap months on any one line)	(18) TO Date (only ONE month per line - do not overlap months on any one line)	(19) DYFS Contract PRG. NAME & Type of Service	
1	Burlington East	767	240	1	89100223	Williams, John	33450896	WILLIAMS	MARY	04/01/2013	04/15/2013	ABC Psychology, Tr
1	Burlington East	767										
1	Burlington East	767			100 Invoice Capacity							
1	Burlington East	767										

Problem Steps Recorder - Recording Now
Pause Record Stop Record Add Comment 00:00:30

1 <Total Number Line items this invoice

TAB#1 - 100 INVOICE CAPACITY K100 Provider Instructions

Cell J2 commented by Jeff Eder

(5) PROVIDER FEIN

Microsoft Excel spreadsheet titled "Template K100 BILLING SPREAD SHEET 100 INVOICE CAPACITY - DCPD 04-2013 with comment.instructions.xls".

The spreadsheet contains a form for provider information and a table for billing lines. A red circle highlights the (5) Provider FEIN field, which contains the value 123-456-789. A tooltip for this field reads: "(5) *Required* Enter 9 digit FEIN>>>".

Other key fields include:

- (6) Agency Contact Person's Name: JOSEPH MYERS
- (6) Agency Contact Person's Phone: 609-765-1234
- (7) Contact's PHONE: 732-555-9876
- (1) Payee Declaration: Jane Smith, CEO

The table below shows the billing lines:

(17) FROM Date	(18) TO Date	(19) PRG NAME & Type of Service	(20) No. Dvs. or INITS	(21) RATE	(22) AMOUNT TO BE PAID	(23) ATTENDANCE DATES	(24) COMMENTS	(25) Court Ordered?	(26) Court Order DATE	(27) IS THIS LINE ITEM APPROVED?	(28) INITIALS OF L.O. PERSON ENTERED
04/01/2013	04/15/2013	ABC Psychology; Therapy	2	100.00	200.00	4/4/2013, 4/11/2013	Previous charge was \$125, reduced for the month of April	N			
			x		0.00						
			x		0.00						
			x		0.00						
K100 Total					\$200.00						

At the bottom of the spreadsheet, there is a "Problem Steps Recorder" window and a status bar indicating "Cell L2 commented by Jeff Eder".

(6&7) AGENCY CONTACT INFORMATION

Microsoft Excel window: Template K100 BILLING SPREAD SHEET 100 INVOICE CAPACITY - DCPD 04-2013 with comment.instructions.xls [Compatibility Mode] - Micro...

Row	Column	Content
1	K100	en furnished or rendered, and that no bonus has been given or received on account of
1	S1	(1) Payee Declaration SIGNATURE / Name of responsible Jane Smith, CEO
2	L2	(5) *Required Enter 9 digit FEIN>>> 123456789
2	M6	(6) Agency Contact Person's Name>>>>>>>>>>>> JOSEPH MYERS 609-765-1234
2	S8	(8) & (7) Enter the person's name & phone number whom may be contacted with questions. 732-555-9876
3	L3	SERVICE PERIOD Calculation (as it appears on each K100 line)
4	L4	(17) FROM Date (18) TO Date (19) PRG NAME & Type of Service (20) No. Djs. or INITS (21) RATE (22) AMOUNT TO BE PAID: (23) ATTENDANCE DATES IF amt. being paid is for BOARD &/or CLOTH on an Overnight stay PLACEMENT. indicate the date child admitted IN & date client LEFT (24) COMMENTS- Use for clarification of RATE, AMOUNT, LIST DATES BILLED or any other clarification for line billed. (25) Court Ordered? or Y (26) Court Order DATE (27) IS THIS LINE ITEM APPROVED? Y OR N (28) INITIALS OF L.O. PERSON ENTERED K100 CHE (C) CHE (C) APP
5	L5	04/01/2013 04/15/2013 ABC Psychology, Therapy 2 x 100.00 = 200.00 4/4/2013, 4/11/2013 Previous charge was \$125, reduced for the month of April
6	L6	x = 0.00
7	L7	x = 0.00
8	L8	x = 0.00
9	L9	K100 Total-----> \$200.00

Problem Steps Recorder - Recording Now
Pause Record Stop Record Add Comment 00:00:42

Cell N2 commented by Jeff Eder

(8-CONTINUED) LOCAL OFFICE

Template K100 BILLING SPREAD SHEET 100 INVOICE CAPACITY - DCCP 04-2013 with comment.instructions.xls [Compatibility Mode] - Micro...

RESOURCE
PAYEE/ Resource DECLARATION >>>> I certify that the invoices listed are correct in all it's particulars, that described goods or services have been furnished or rendered, and that no bonus said service.

(2) Date submitted as email attachment to DYFS L.O.'s: 04/14/2013

(3) Enter Resource Name:
 Mail Address 1: PROVIDER A
 Mail Address 2: 555 MAIN STREET
 City, State, ZIP: TRENTON, NJ 08625

(4) Enter NJ SPIRIT RESOURCE ID#>>>>>>>: 987

(5) *Required* Enter 9 digit FEIN>>>: 123-456-789

(8) L.O. NAME	(9) Local Office CC# (Cost Center Number)	(10) K100 Invoice#	(11) K100 Invoice Line# (max is 4 lines per K100 Invoice #)	(12) NJ SPIRIT CASE ID# (only 1 CID# per K100 Invoice #)	(13) CASE NAME LAST, FIRST INIT	(14) NJ SPIRIT CLIENT (PID#) PARTICIPANT ID# (all participants must belong to the same CASE ID#)	CHILD NAME-	SERVICE PERIOD	(19) DYFS *Contract PRG NAME & Type of Serv		
							(15) LAST	(16) FIRST		(17) FROM Date (only ONE month per line - do not overlap months on any one line)	(18) TO Date (only ONE month per line - do not overlap months on any one line)
Burlington East	787	240	1	89100223	Williams, John	33450896	WILLIAMS	MARY	04/01/2013	04/15/2013	ABC Psychology, Tr
Burlington East	787										
Burlington East	787										
Burlington East	787										
Burlington East	787										

100 Invoice Capacity

Problem Steps Recorder
 1 <Total Number Line items this invoice
 [Pause Record] [Stop Record] [Add Comment] 00:01:08

TAB#1 - 100 INVOICE CAPACITY K100 Provider Instructions

(10) INVOICE

Template K100 BILLING SPREAD SHEET 100 INVOICE CAPACITY - DCP 04-2013 with comment.instructions.xls [Compatibility Mode] - Micro...

File Home Insert Page Layout Formulas Data Review View

Copperplate Goth 12

General

Clipboard Paste Font Alignment Number Styles Cells Editing

C5 =IF(ISERROR(VLOOKUP(B5, Local_Office_Data, 2, FALSE)), "", VLOOKUP(B5, Local_Office_Data, 2, FALSE))

RESOURC	I certify that the invoices listed are correct in all it's particulars, that described goods or services have been furnished or rendered, and that no bonus said service.											
	(2) Date submitted as email attachment to DYFS L.O.'s :	(3) Enter Resouce Name: Mail Address 1, Mail Address 2, City, State, ZIP	(4) Enter NJ SPIRIT RESOURCE ID#>>>>>>>>>>	(5) *Required Enter 9 digit FEIN>>>	CHILD NAME-	SERVICE PERIOD						(19) DYFS *Contract PRG NAME & Type of Servic
(8) L.O. NAME	(9) Local Office CC# (Cost Center Number)	(10) K100 Invoice#	(11) K100 Invoice Line# (max is 4 lines per K100 Invoice #)	(12) NJ SPIRIT CASE ID# (only 1 CID# per K100 Invoice #)	(13) CASE NAME LAST, FIRST, INIT	(14) NJ SPIRIT CLIENT (PID#) PARTICIPANT ID# (all participants must belong to the same CASE ID#)	(15) LAST	(16) FIRST	(17) FROM Date (only ONE month per line - do not overlap months on any one line)	(18) TO Date (only ONE month per line - do not overlap months on any one line)		
1	Burlington East	767	240		john	33450896	WILLIAMS	MARY	04/01/2013	04/15/2013	ABC Psychology, Tr	
1	Burlington East	767										
1	Burlington East	767										
1	Burlington East	767										

(10) Enter the K100 Invoice numbers sequentially for each set of 4 lines billed. Contact the Office of Accounting at 609-888-7150 to obtain groups of 100 Invoice numbers. Each K100 Invoice Number can only be used for ONE Case for up to 4 lines associated with that case.

1 <Total Number Line items this invoice

Problem Steps Recorder - Recording Now

Pause Record Stop Record Add Comment 00:01:20

TAB#1 - 100 INVOICE CAPACITY K100 Provider Instructions

Cell D5 commented by Jeff Eder

(11) INVOICE LINE

Template K100 BILLING SPREAD SHEET 100 INVOICE CAPACITY - DCP 04-2013 with comment.instructions.xls [Compatibility Mode] - Micro...

File Home Insert Page Layout Formulas Data Review View

Clipboard Paste Font Alignment Number Styles Cells Editing

Engravers MT 12 Number

Clipboard Paste Font Alignment Number Styles Cells Editing

E5 1

RESOURCES											
PAYEE/ Resource DECLARATION >>>>			I certify that the invoices listed are correct in all it's particulars, that described goods or services have been furnished or rendered, and that no bonus said service.								
(2) Date submitted as email attachment to DYFS L.O.'s :	04/14/2013	(3) Enter Resource Name: Mail Address 1 Mail Address 2 City, State ZIP	PROVIDER A 555 MAIN STREET TRENTON, NJ 08625			(4) Enter NJ SPIRIT RESOURCE ID#>>>>>>>>>>>>	987	(5) *Required Enter 9 digit FEIN>>>	123-456-789		
(8) L.O. NAME	(9) Local Office CC# (Cost Center Number)	(10) K100 Invoice#	(11) K100 Invoice Line# (max is 4 lines per K100 Invoice #)	(12) NJ SPIRIT CASE ID# (only 1 CID# per K100 Invoice #)	(13) CASE NAME LAST, FIRST INIT.	(14) NJ SPIRIT CLIENT (PID#) PARTICIPANT ID# (all participants must belong to the same CASE ID#)	(15) LAST	(16) FIRST	(17) FROM Date (only ONE month per line - do not overlap months on any one line)	(18) TO Date (only ONE month per line - do not overlap months on any one line)	(19) DYFS *Contract PRG NAME & Type of Service
1	Burlington East	767	240	1		33450896	WILLIAMS	MARY	04/01/2013	04/15/2013	ABC Psychology, Tr
1	Burlington East	767									
1	Burlington East	767									
1	Burlington East	767									

(11) You may enter up to 4 payment billing lines per invoice number but again all 4 lines must be associated with the one Case ID you indicated. Note: You may bill for one client for different months OR you may also bill for multiple clients spanning these 4 lines but, the client(s) must be for the same Case!

1 <Total Number Line items this invoice

Problem Steps Recorder

Pause Record Stop Record Add Comment 00:01:37

TAB#1 - 100 INVOICE CAPACITY K100 Provider Instructions

Cell E5 commented by Jeff Eder

(12) CASE ID#

Template K100 BILLING SPREAD SHEET 100 INVOICE CAPACITY - DCP 04-2013 with comment.instructions.xls [Compatibility Mode] - Micro...

File Home Insert Page Layout Formulas Data Review View

Clipboard Paste Font Alignment Number Styles Cells Editing

F5 89100223

RESOURCER **PAYEE/ Resource DECLARATION >>>>** I certify that the invoices listed are correct in all it's particulars, that described goods or services have been furnished or rendered, and that no bonus said service.

(2) Date submitted as email attachment to DYFS L.O.'s : 04/14/2013 (3) Enter Resouce Name: Mail Address 1 Mail Address 2 City, State ZIP PROVIDER A 555 MAIN STREET TRENTON, NJ 08625 (4) Enter NJ SPIRIT RESOURCE ID#>>>>>>>>>> 987 (5) *Required Enter 9 digit FEIN>>> 123-456-789

L.O. NAME	Local Office CC# (Cost Center Number)	K100 Invoice#	K100 Invoice Line# (max is 4 lines per K100 Invoice #)	NJ SPIRIT CASE ID# (only 1 CID# per K100 Invoice #)	CASE NAME LAST, FIRST INIT	NJ SPIRIT CLIENT (PID#) PARTICIPANT ID# (all participants must belong to the same CASE ID#)	CHILD NAME		SERVICE PERIOD		DYFS *Contract PRG NAME & Type of Service
							(15) LAST	(16) FIRST	(17) FROM Date (only ONE month per line - do not overlap months on any one line)	(18) TO Date (only ONE month per line - do not overlap months on any one line)	
1 Burlington East	767	240		89100223		33450896	WILLIAMS	MARY	04/01/2013	04/15/2013	ABC Psychology, Tr
1 Burlington East	767										
1 Burlington East	767										
1 Burlington East	767										

100 Invoice capacity

1 <Total Number Line items this invoice

Problem Steps Recorder Pause Record Stop Record Add Comment 00:01:42

TAB#1 - 100 INVOICE CAPACITY K100 Provider Instructions

Cell F5 commented by Jeff Eder

(13) CASE NAME

Template K100 BILLING SPREAD SHEET 100 INVOICE CAPACITY - DCP 04-2013 with comment.instructions.xls [Compatibility Mode] - Micro...

File Home Insert Page Layout Formulas Data Review View

Clipboard Paste Font Alignment Number Styles Cells Editing

G5 Williams, John

RESOURCES

PAYEE/ Resource DECLARATION >>>> I certify that the invoices listed are correct in all it's particulars, that described goods or services have been furnished or rendered, and that no bonus said service.

(2) Date submitted as email attachment to DYFS L.O.'s : 04/14/2013

(3) Enter Resouce Name: Mail Address 1: PROVIDER A, Mail Address 2: 555 MAIN STREET, City, State ZIP: TRENTON, NJ 08625

(4) Enter NJ SPIRIT RESOURCE ID#>>>>>>> 987

(5) *Required Enter 9 digit FEIN>>> 123-456-789

	(8) L.O. NAME	(9) Local Office CC# (Cost Center Number	(10) K100 Invoice#	(11) K100 Invoice Line# (max is 4 lines per K100 Invoice #)	(12) NJ SPIRIT CASE ID# (only 1 CID# per K100 Invoice #)	(13) CASE NAME LAST, FIRST INITI	(14) NJ SPIRIT CLIENT (PID#) PARTICIPANT ID# (all participants must belong to the same CASE ID#)	(15) LAST	(16) FIRST	(17) FROM Date (only ONE month per line - do not overlap months on any one line)	(18) TO Date (only ONE month per line - do not overlap months on any one line)	(19) DYFS *Contract PRG. NAME & Type of Servic
5	1 Burlington East	767	240	1	89100223	Williams, John		LAMS	MARY	04/01/2013	04/15/2013	ABC Psychology, Tr
6	1 Burlington East	767										
7	1 Burlington East	767										
8	1 Burlington East	767										

K100 Total

1 <Total Number Line items this invoice

Problem Steps Recorder

Pause Record Stop Record Add Comment 00:01:48

TAB#1 - 100 INVOICE CAPACITY K100 Provider Instructions

Cell G5 commented by Jeff Eder

(15) CLIENT LAST NAME

Template K100 BILLING SPREAD SHEET 100 INVOICE CAPACITY - DCP 04-2013 with comment.instructions.xls [Compatibility Mode] - Micro...

File Home Insert Page Layout Formulas Data Review View

Clipboard Font Alignment Number Styles Cells Editing

15 Williams

R E S O U R C E
PAYEE/ Resource DECLARATION >>>> I certify that the invoices listed are correct in all it's particulars, that described goods or services have been furnished or rendered, and that no bonus said service.

(2) Date submitted as email attachment to DYFS L.O.'s: 04/14/2013
 (3) Enter Resouce Name: Mail Address 1: PROVIDER A, 555 MAIN STREET, TRENTON, NJ 08625
 (4) Enter NJ SPIRIT RESOURCE ID#: 987
 (5) *Required Enter 9 digit FEIN#: 123-456-789

	(8) L.O. NAME	(9) Local Office CC# (Cost Center Number)	(10) K100 Invoice#	(11) K100 Invoice Line# (max is 4 lines per K100 Invoice #)	(12) NJ SPIRIT CASE ID# (only 1 CID# per K100 Invoice #)	(13) CASE NAME LAST, FIRST INIT	(14) NJ SPIRIT CLIENT (PID#) PARTICIPANT ID# (all participants must belong to the same CASE ID#)	(15) LAST	(16) FIRST	(17) FROM Date (only ONE month per line - do not overlap months on any one line)	(18) TO Date (only ONE month per line - do not overlap months on any one line)	(19) DYFS *Contract PRG NAME & Type of Servic
1	Burlington East	767	240	1	89100223	Williams, John	33450896	WILLIAMS		1/2013	04/15/2013	ABC Psychology, Tr
6	Burlington East	767										
7	Burlington East	767										
8	Burlington East	767										
9	K100 Total											
10	1 <Total Number Line items this invoice											

Problem Steps Recorder
 Pause Record Stop Record Add Comment 00:02:00

TAB#1 - 100 INVOICE CAPACITY K100 Provider Instructions

Cell I5 commented by Jeff Eder

(17 & 18) SERVICE DATES

LINE	NAME	SERVICE	PERIOD		AMOUNT TO BE PAID	COMMENTS	Local Office Use		
			FROM Date	TO Date			(25) Court Ordered?	(26) Court Order DATE	(27) IS THIS LINE ITEM APPROVED? Y OR N
5	MARY		04/01/2013		200.00	4/4/2013, 4/11/2013			
6					0.00				
7					0.00				
8					0.00				

(20) # OF UNITS

NAME		SERVICE PERIOD		PRG.NAME & Type of Service		(20) # OF UNITS	(21) RATE	(22) AMOUNT	(23) ATTENDANCE DATES	(24) COMMENTS	Local Office Use			
(16) FIRST	(17) FROM Date	(18) TO Date	(19) DYFS "Contracted" PRG.NAME	(19) &	(19) Type of Service	(20) No. Djs. or UNITS	(21) RATE	(22) AMOUNT	(23) IF amt. being paid is for BOARD & for CLOTH on an Overnight stay PLACEMENT, indicate the date child admitted IN & date client LEFT	(24) COMMENTS- Use for clarification of RATE, AMOUNT, LIST DATES BILLED or any other clarification for line billed.	(25) Court Ordered ?	(26) Court Order DATE	(27) IS THIS LINE ITEM APPROVED? Y OR N	
MARY	04/01/2013	04/15/2013	ABC Psychology; Therap			2		200.00	4/4/2013, 4/11/2013	Previous charge was \$125, reduced for the month of April				
								0.00						
								0.00						
								0.00						
K100 Total									\$200.00					

(21) RATE

Template K100 BILLING SPREAD SHEET 100 INVOICE CAPACITY - DCPW 04-2013 with comment.instructions.xls [Compatibility Mode] - Micro...

(16) FIRST	(17) FROM Date (only ONE month per line - do not overlap months on any one line)	(18) TO Date (only ONE month per line - do not overlap months on any one line)	(19) PRG.NAME & Type of Service	(20) No. DYS. or UNITS	(21) RATE	(22) AMOUNT TO BE PAID: Enter the contracted RATE you are billing at.	(23) ATTENDANCE DATES IF amt. being paid is for BOARD & for CLOTH on an Overnight stay PLACEMENT, indicate the date child admitted IN & date client LEFT	(24) COMMENTS- Use for clarification of RATE, AMOUNT, LIST DATES BILLED or any other clarification for line billed.	(25) Court Ordered ? or Y	(26) Court Order DATE	(27) IS THIS LINE ITEM APPROVED? Y OR N
MARY	04/01/2013	04/15/2013	ABC Psychology; Therapy,	2	100.00	=	4/4/2013, 4/11/2013	Previous charge was \$125, reduced for the month of April			
K100 Total						\$200.00					

Cell P5 commented by Jeff Eder

(22) AMOUNT TO BE PAID

services have been furnished or rendered, and that no bonus has been given or received on account of

(1) Payee Declaration
SIGNATURE / NAME of responsible party > Jane Smith, CEO

(5) Required Enter 9 digit FEIN>>> 123-456-789

(6) Agency Contact Person's Name>>>>>>>>>>>>>> JOSEPH MYERS
609-765-1234

(7) Contact's PHONE>>>> 732-555-9876

LINE	NAME	SERVICE	PERIOD	Calculation (as it appears on each K100 line)	(22) AMOUNT TO BE PAID	COMMENTS:	(25) Court Ordered?	(26) Court Order DATE	(27) IS THIS LINE ITEM APPROVED? Y OR N
(16) FIRST	(17) FROM Date (only ONE month per line - do not overlap months on any one line)	(18) TO Date (only ONE month per line - do not overlap months on any one line)	(19) DYFS "Contracted" PRG.NAME & Type of Service	(20) No. or UNITS x (21) RATE		(23) ATTENDANCE DATES IF amt. being paid is for BOARD & for CLOTH on an Overnight stay PLACEMENT, indicate the date child admitted IN & date client LEFT (22) Automatically calculated - please do not enter data in this field.			
5	MARY	04/01/2013	04/15/2013	ABC Psychology; Therapy	2 x 100.00	200.00			
6					x =	0.00			
7					x =	0.00			
8					x =	0.00			

K100 Total.....> \$200.00

Problem Steps Recorder - Recording flow

Pause Record Stop Record Add Comment 00:02:50

Cell R5 commented by Jeff Eder

(24) COMMENTS

Microsoft Excel spreadsheet showing a billing template. The title bar reads: "Template K100 BILLING SPREAD SHEET 100 INVOICE CAPACITY - DCPW 04-2013 with comment.instructions.xls [Compatibility Mode] - Micro...".

The spreadsheet is divided into several sections:

- Header Section (Row 1):** Contains a light blue area with text: "services have been furnished or rendered, and that no bonus has been given or received on account of". To the right, under column S, is a yellow box for "(1) Payee Declaration SIGNATURE / NAME of responsible party" with the name "Jane Smith, CEO".
- Agency Information (Row 2):** Includes a yellow box for "(5) Required Enter 9 digit FEIN" (value: 123-456-789), a yellow box for "(6) Agency Contact Person's Name" (value: JOSEPH MYERS), and a yellow box for "(7) Contact's PHONE" (value: 732-555-9876).
- Table Header (Row 3):** Columns include NAME, SERVICE, PERIOD, Calculation, COMMENTS, and Local Office U.
- Table Columns (Row 4):**
 - (16) FIRST
 - (17) FROM Date (only ONE month per line - do not overlap months on any one line)
 - (18) TO Date (only ONE month per line - do not overlap months on any one line)
 - (19) DYFS "Contracted" PRG.NAME & Type of Service
 - (20) No. Djs. or UNITS
 - (21) RATE
 - (22) AMOUNT TO BE PAID:
 - (23) ATTENDANCE DATES IF amt. being paid is for BOARD & for CLOTH on an Overnight stay PLACEMENT. indicate the date child admitted IN & date client LEFT
 - COMMENTS:
 - (24) Court Ordered ?
 - (25) Court Order DATE
 - (26) Court Order DATE
 - (27) IS THIS LINE ITEM APPROVED? Y OR N
- Table Data (Row 5):**
 - NAME: MARY
 - SERVICE: ABC Psychology, Therapy
 - PERIOD: 04/01/2013 to 04/15/2013
 - Calculation: 2 x 100.00 = 200.00
 - COMMENTS: (24) ATTENDANCE DATES 4/4/2013, 4/11/2013. (24) COMMENTS: Previous charge was \$125, reduced for the month of April. (This entry is circled in red.)
 - Court Ordered: N
 - Court Order DATE: (blank)
 - Court Order DATE: (blank)
 - IS THIS LINE ITEM APPROVED? Y OR N: (blank)
- Summary (Row 9):** "K100 Total" followed by a large number "1" and "\$200.00".

At the bottom, there is a "Problem Steps Recorder" window with buttons for "Pause Record", "Stop Record", and "Add Comment". The status bar at the bottom indicates "Cell 15 commented by Jeff Eder".