

# WRAPAROUND MILWAUKEE INTEGRATED PROVIDER NETWORK INVOICE

FOSTER/KINSHIP NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PHONE #: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

SERVICE MONTH/YEAR: \_\_\_\_\_

SERVICE CODE: 5390/5392

SERVICE NAME: FOSTER/KINSHIP

PROVIDER NAME: \_\_\_\_\_

PLEASE ENTER THE NUMBER OF UNITS PROVIDED BY DATE IN THE APPROPRIATE BOX:

A - Attended  
 D - Detention  
 H - Home Pass  
 I - Inpatient  
 P - Preplacement  
 R - Runaway

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

TOTAL DAYS \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PLEASE CONTACT KENYATTA MATTHEWS (414) 257-7597 WITH ANY QUESTIONS

PLEASE FAX INVOICE TO (414)257-6825 OR MAIL TO:

MILWAUKEE COUNTY - BHD - WRAPAROUND  
 9201 WATERTOWN PLANK ROAD  
 MILWAUKEE, WI 53226