

WRAPAROUND MILWAUKEE 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: JANET FRIEDMAN AT 414-257-7597 IF YOU HAVE ANY QUESTIONS.

PLEASE FAX INVOICE TO (414) 257-7575 OR MAIL TO:

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