

CSI: Community Services, Inc.
 63 Olde Main Plaza
 St. Albans, WV 25177

Phone: 304-201-7799
 Fax: 304-201-8900

MONTHLY SERVICE INVOICE: Respite/Adult Companion

Provider Name: [REDACTED]

Client Name Service Provided To: [REDACTED]

For the Month/Year Of: [REDACTED] 200

Service Provided	# Units (15 minutes, except mileage)	*Unit Rate Paid	Amount Paid	CSI USE:
Respite Level 1 1:1 T1005 (\$2.80)		\$2.52	\$	
Respite Level 1 1:2 T1005-UN (\$1.60)		\$1.44	\$	
Respite Level 1 1:3 T1005-UP (\$1.15)		\$1.03	\$	
Adult Comp. Level 1 1:1 S5135 (\$2.80)		\$2.52	\$	
Adult Comp. Level 1 1:2 S5135-UN (\$1.60)		\$1.44	\$	
Adult Comp. Level 1 1:3 S5135-UP (\$1.15)		\$1.03	\$	
Transportation A0160 HI (0.41)		\$0.31	\$	
Total Amount To Be Paid:			\$	

*All units are at the current Title XIX Home & Community Based MR/DD Waiver rates, minus a 10% processing fee, except mileage.

Note: This individual is not an employee of CSI, but is a provider of contracted services via the Title XIX MR/DD Waiver Program. As the individual is not employed by CSI, taxes are not withheld, making this individual responsible for payment of their own taxes.

[REDACTED]
 Signature of Parent/Guardian/SFCP to Verify Billing

[REDACTED]
 Date

