



The Otero Corporation Invoice For Residential Services

Month of Service Provided: _____

Provider Name: _____
Provider Address: _____
Provider Phone Number: _____

Key:
P: Present (In Home)
B: BURS (Respite - Payment to another trained provider)
H: Hospitalization (No payment for provider)
O: Out of Program (Not present in the home - no payment for provider)
X: Individual no longer in the home

Individual Name: _____ Daily Rate: _____

Individual Name: _____ Daily Rate: _____

Individual Name: _____ Daily Rate: _____

| Individual Name: | 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 |
|------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
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Individual Name: _____ Amount Owed: _____

Individual Name: _____ Amount Owed: _____

Individual Name: _____ Amount Owed: _____

BURS Used: _____

Provider Name: _____ Total Amount Owed: _____

Provider Signature: _____ Date: _____

Coordinator Signature: _____