Company Name:

Company Address:

Phone:

Email:

FEIN:

# Department of Rehabilitation

## Bulk Invoice Coversheet

|  |  |
| --- | --- |
| Invoice Number: |       |
| Invoice Date: |       |
| Billing Period (Start – End): |       |
| Community Rehabilitation Program (CRP) Name: |       |
| Bill To (DOR Referring Office Address): |       |

## Summary Statement

This bulk invoice reflects charges for authorized services provided to multiple DOR consumers during the billing period noted above.

All detailed service documentation is included in the attached sub-invoices, which list the consumer’s name, authorization number, service(s) provided, dates of service, and individual charges.

**Invoice Grand Total: $**

This consolidated coversheet is submitted in accordance with DOR’s bulk billing guidelines to support efficient payment processing. A single warrant check will be issued for the full amount upon approval.

## Signature

By signing below, I certify that the services invoiced were provided as authorized and are supported by attached documentation for each consumer.

Service Provider Printed Name & Title:

Date Signed:

## Attachments Included

[ ]  Individual Consumer Invoices or DSF Authorization/Invoice Forms

[ ] Cost Itemization Worksheets (if applicable)

[ ] Supporting Documentation

# DOR Bulk Invoice Coversheet

Instructions for completing the DOR Bulk Invoice Coversheet.

|  |  |
| --- | --- |
| **Section** | **Instructions** |
| **Invoice Number and Date** | Assign and enter the Invoice Number and Date here. This number must also be clearly referenced on the sub-invoice attachments to ensure proper tracking. **The Invoice Number must be unique to prevent payment delays.**  |
| **Billing Period** | Enter the start and end dates of the billing period included in these charges. |
| **Community Rehabilitation Provider** | Name of organization authorized to provide services to the referred consumer. |
| **Bill To** | Enter the address of the DOR office that referred the consumer for services. |
| **Invoice Grand Total** | Sum of all invoiced costs in attached sub-invoices. |
| **Sending Reports** | Send reports directly to the referring Rehabilitation Counselor that authorized the service. Verification of services provided must be in place for invoices to be paid. If required reports are not received by DOR, invoices will be disputed. |