	DELAWARE HEALTH AND SOCIAL SERVICES Division of Public Health Office of Animal Welfare		Office of Animal Welfare Non-Profit Provider Invoice			-	MAIL COMPLETED INVOICES TO: Office of Animal Welfare Spay & Neuter Program Invoices Carvel Building, Lower Level 1901 N. Du Pont Hwy. New Castle, DE 19720	
Veterinary Clinic/Hospital Name			Date Submitted			State Use Only:		
Address City State Zip Code				Telephone			Invoice No. Received: Date Stamp	
		-	nery and any ar	onlicable Surgico	l Complication	is Invoice forms	for each surger	y listed below. Charges
INSTRUCTIONS: Enclose approved <i>Certificates for Surgery</i> and any applicable <i>Surgical Complications Invoice</i> forms for each surgery listed below. Charges are based upon "ACTUAL" services provided as written by the veterinarian on each Certificate for Surgery. Complications are limited to two (2) per animal and include: estrus, pyometra, pregnancy, obesity, older than 5 years if additional blood work is required; cryptorchid; brachycephalic breeds; and extra-large (75 lbs. or more). Invoices are due no less than monthly by the last day of the month following services. Invoices should be reflective of one month only.								
Surgery Reimbursement Rates								
CATS Female: \$66 Male: \$50 DOGS Female: \$150 Male: \$125 * The \$20 pre-paid deduction applies to income-eligible Certificates for Surgery only. Do not charge the \$20 copay to animal rescue organizations who present a Non-Profit Certificate for Surgery.								
SUMMARY OF SERVICES RENDERED DURING					PAGE:	::OF		
Surgery Date	Owner or Non (Must match Certif		CERT Number	Month Surgery \$ Amount	Year Rabies Vaccine	Complication Charge (\$50)	Copay (\$20)	Reimbursement Total \$ Amount
PAGE TOTAL REIMBURSEMENT DUE Multiple Page <u>Grand</u> Total if Necessary:								