

Spay & Neuter Program 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

Received: Date Stamp Telephone Number ISTRUCTIONS: Enclose approved Certificates for Surgery and any applicable Surgical Complications Invoice forms for each surgery listed below. Charge the based upon "ACTUAL" services provided as written by the veterinarian on each Certificate for Surgery. Complications are limited to two (2) per animal dinclude: estrus, pyometra, pregnancy, obesity, older than 5 years if additional blood work is required; cryptorchid; 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: \$33 Dogs: Female: < 50lbs - \$110 >50lbs - \$138 Male: <50lbs - \$83 >50lbs - \$83 per \$20 pre-paid deduction applies to income-eligible Certificates for Surgery that are marked as in income-eligible Certificate for Surgery is marked as PAID, do not collect the \$20 copay and do not deduct if from the Total Reimbursement Amount be Do not charge the \$20 copay to animal rescue organizations who present a Non-Profit Certificate for Surgery. MMARY OF SERVICES RENDERED DURING Month Year Owner or Non-Profit Name Month Year Owner or Non-Profit Name Month Owner or N					I			
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			\$ Amount			Deduction*	Total Reimbursem \$ Amount	

TOTAL REIMBURSEMENT DUE

Phone: 302-255-4632