



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Office of Animal Welfare

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

Veterinary Clinic/Hospital Name

Address

City State Zip

Date Submitted

Telephone Number

State Use Only:

Invoice No. _____

Received:

Date Stamp

INSTRUCTIONS: Enclose approved **Certificates for Surgery** and any applicable **Surgical Complications Invoice** 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; 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

*The \$20 pre-paid deduction applies to income-eligible *Certificates for Surgery* only, except for income-eligible *Certificates for Surgery* that are marked as PAID. If an income-eligible *Certificate for Surgery* is marked as PAID, do not collect the \$20 copay and do not deduct it from the Total Reimbursement Amount below. Do not charge the \$20 copay to animal rescue organizations who present a *Non-Profit Certificate for Surgery*.

SUMMARY OF SERVICES RENDERED DURING _____ of _____
Month Year Page _____ of _____

Surgery Date	Owner or Non-Profit Name (Must match <i>Certificate for Surgery</i>)	Surgery \$ Amount (per above)	Rabies Vaccine \$13	Complication Charge \$30	Pre-Paid Deduction* (-\$20.00)	Total Reimbursement \$ Amount
TOTAL REIMBURSEMENT DUE						