



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

Office of Animal Welfare
For-Profit Provider Invoice
Income-Eligible Certificates of Surgery

MAIL COMPLETED INVOICES TO:
Office of Animal Welfare
 Spay & Neuter Program Invoices
 H166-Carvel Building, Lower Level
 1901 N. Du Pont Hwy.
 New Castle, DE 19720

Veterinary Clinic/Hospital Name _____

 Address _____

 City _____ State _____ Zip Code _____

Date Submitted _____

 Telephone _____

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; 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.

For-Profit Practice Income-Eligible Certificate Surgery Reimbursement Rates

CATS Female: \$200 Male: \$150 DOGS Female: \$350 Male: \$250

\$20 Copay collected at time of appointment

SUMMARY OF SERVICES RENDERED DURING

PAGE: _____ OF _____

Month Year

Surgery Date	Owner Name (Must match Certificate for Surgery)	CERT Number	Surgery \$ Amount	Rabies \$13	Complication Charge \$50	Copay (\$20)	Reimbursement Total \$ Amount
PAGE TOTAL REIMBURSEMENT DUE							
Multiple Page <u>Grand Total</u> if Necessary:							