

## Office of Animal Welfare Spay Neuter Program Non-Profit Provider Invoice

| :   | Send | invoi | ces & | back  | up c  | doc | s to: |    |
|-----|------|-------|-------|-------|-------|-----|-------|----|
| spa | vneu | ter@  | delav | vare. | zov ( | or  | mail  | to |

| Office of Animal Welfare          |  |  |  |  |  |
|-----------------------------------|--|--|--|--|--|
| Spay & Neuter Program Invoices    |  |  |  |  |  |
| H166-Carvel Building, Lower Level |  |  |  |  |  |
| 1901 N. Du Pont Hwy.              |  |  |  |  |  |
| New Castle, DE 19720              |  |  |  |  |  |
| State Use Only:                   |  |  |  |  |  |
| Invoice No.                       |  |  |  |  |  |
| Received:                         |  |  |  |  |  |
|                                   |  |  |  |  |  |

| /eterinary Clinic/Hospital Name | Date Submitted |
|---------------------------------|----------------|
| Address                         | Telephone      |

**Zip Code** 

INSTRUCTIONS: Enclose applicable approved *Certificates for Surgery* and *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.

Invoices are due no less than monthly by the last day of the month following services. Invoices should be reflective of one month only.

## Income-Eligible / DAS / Non-Profit Certificates of Surgery Reimbursement Rates

Year

Month

SUMMARY OF SERVICES RENDERED DURING

State

City

PAGE: OF

| Surgery     | Owner Name                           | Certificate/ID | Surgery      | Rabies      | Complication | Reimbursement   |
|-------------|--------------------------------------|----------------|--------------|-------------|--------------|-----------------|
| Date        | (Must match Certificate for Surgery) | Number         | \$ Amount    | \$13        | Charge \$50  | Total \$ Amount |
|             |                                      |                |              |             |              | \$0.00          |
|             |                                      |                |              |             |              | \$0.00          |
|             |                                      |                |              |             |              | \$0.00          |
|             |                                      |                |              |             |              | \$0.00          |
|             |                                      |                |              |             |              | \$0.00          |
|             |                                      |                |              |             |              | \$0.00          |
|             |                                      |                |              |             |              | \$0.00          |
|             |                                      |                |              |             |              | \$0.00          |
|             |                                      |                |              |             |              | \$0.00          |
|             |                                      |                |              |             |              | \$0.00          |
|             |                                      |                |              |             |              | \$0.00          |
|             |                                      |                |              |             |              | \$0.00          |
|             |                                      |                |              |             |              | \$0.00          |
|             |                                      |                |              |             |              | \$0.00          |
|             |                                      |                |              |             |              | \$0.00          |
|             |                                      |                |              |             |              | \$0.00          |
|             |                                      |                |              |             |              | \$0.00          |
|             |                                      |                |              |             |              | \$0.00          |
|             |                                      |                |              |             |              | \$0.00          |
|             |                                      |                |              |             |              | \$0.00          |
|             |                                      |                |              |             |              | \$0.00          |
|             |                                      |                |              |             |              | \$0.00          |
| PAGE TOTAL: |                                      |                |              |             |              | \$0.00          |
|             |                                      | Multi          | ple Page Gra | nd Total if | Necessary:   |                 |

Providers should no longer collect the \$20 copay for surgery procedures, as these will now be covered in full.