Attachment 2.6.1b

143750

Invoice Number: 35585

This form is for the billing period of 09/01/2002 – 09/30/2002. You must complete and return it by 09/30/2002. Failures to complete, sign, and return this form may result in delay of your child car payment. If you have any questions please contact your local R&R Office. Please return this form to: Brandi D 1423 West Babcock Bozeman, MT 59715.

FACILITY INFORMATION

THE CHILDREN'S PLACE
1216 WEST LINCOLN
BOZEMAN MT 59715

Provider ID: PV83071
Tax ID:
Phone:

PARENT INFORMATION

Name:
Case ID:

Address:

PROVIDER RATES

			Rate Changes	
	Daily	Hourly	Daily	Hourly
Infant				
Child				

CO-PAYMENT INFORMATION

Co-pay Obligation for September $0.00
Co-pay Paid in September
Total Payment to Provider

Provider Messages to R&R

I certify that the services are provided without regard to race, sex, religion, creed, color, or national origin and that this claim is correct in all respects an that payment has not been received.

Provider Signature Date

Child:
DOB:

Date	Requested Hours	Comment		Date	Requested Hours	Comment