

Office of Animal Welfare Non-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			Date Submitted	State Use Only:
				Invoice No.
Address			Telephone	Received:
				Date Stamp
City	State	Zip Code		

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 extralarge (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.

Non-Profit Practice Income-Eligible Certificate Surgery Reimbursement Rates

\$20 Copay collected at time of appointment

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SUMMARY OF SERVICES RENDERED DURING			PAGE:			OF	
			Month	Year			
Surgery	Owner Name	CERT	Surgery	Rabies	Complication	Copay	Reimbursement
Date	(Must match Certificate for Surgery)	Number	\$ Amount	\$13	Charge \$50	(\$20)	Total \$ Amount
			PAG	E TOTAL I	<u> </u>	MENT DUE	
					and Total if N		