DO NOT STAPLE	

	ELAWARE HEALTH AND SOC vision of Public Health fice of Animal Welfare		Office of Animal Welfare Non-Profit Provider Invoice SI <u>Non-Profit Certificates for Surgery</u> H1				Office Spay & Ne H166-Carv 1901 New	APLETED INVOICES TO: of Animal Welfare euter Program Invoices el Building, Lower Level N. Du Pont Hwy. Castle, DE 19720		
Veterinary Clinic/Hospital Name				Date Submitted			State Use Only:			
Address			-	Telephone			Invoice No. Received: Date Stamp			
City	State	Zip Code	-				Dute Stamp			
INSTRUCTIONS: Enclose approved <i>Certificates for Surgery</i> and any applicable <i>Surgical Complications Invoice</i> 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. Non-Profit Practice Non-profit Certificate Surgery Reimbursement Rates										
CATS	••• Female: \$66	Male:		<u>nojn</u> certii	DOGS	Female:		Male: \$125		
Do not o	harge a copay to anim	al rescue organ	izations who	present a No	n-Profit Certifi	cate for Sur	gery as these	are fully reimbursed.		
SUMMARY	OF SERVICES REND	ERED DURING	6	PAC Month Year			GE: OF			
Surgery Date		rganization Na ertificate for Surg		CERT Number	Surgery \$ Amount	Rabies \$13	-	Reimbursement Total \$ Amount		
					TOTAL REI					