

## Office of Animal Welfare For-Profit Provider Invoice

## MAIL COMPLETED INVOICES TO: Office of Animal Welfare

Spay & Neuter Program Invoices Carvel Building, Lower Level 1901 N. Du Pont Hwy. New Castle, DE 19720

Veterinary Clinic/Hospital Name  Address			Date Submit	State Use Only:	
			 Telephone	Invoice No.  Received:	
City	State	Zip Code		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 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.

## **Surgery Reimbursement Rates**

\* The \$20 pre-paid deduction applies to income-eligible Certificates for Surgery only.

Do not charge the \$20 copay to animal rescue organizations who present a Non-Profit Certificate for Surgery .

## SUMMARY OF SERVICES RENDERED DURING PAGE: Month Year **Owner or Non-Profit Name CERT** Surgery **Rabies** Reimbursement Surgery Complication Copay Date Number \$ Amount Vaccine (\$20) **Total \$ Amount** (Must match Certificate for Surgery) Charge (\$50) PAGE TOTAL REIMBURSEMENT DUE Multiple Page Grand Total if Necessary:

Phone: 302-255-4632 Fax: 302-255-4621