

**DDDS CLINICAL CONSULTATIVE (Enter Provider Name)**  
**CLINICAL CONSULTATIVE (Enter PROVIDER ADDRESS, CITY, STATE, ZIP CODE)**

PHONE #: (###) ### - #### FAX #: (###) ### - ####  
 FEDERAL TAX ID# ## - #######

Delaware Health and Social Services  
 Division of Developmental Disabilities Services  
 Office of Budget, Contracts & Business Services  
 Contract Manager  
 1054 South Governor's Avenue  
 Dover, DE 19904

Invoice Number: #####  
 Invoice Date: 00/00/0000  
 Terms: Due Upon Receipt  
 Services From: 00/00-00/00  
 Type of Service: Clinical Consultative

**PART ONE - CLINICAL BEHAVIORAL CONSULTATION**

*Please report hours per day per consumer*

Consumer Name	Residential Site Location	Date of Service	Billable Hours	Hourly Rate	Monthly Services (Billable * Rate)
CONSUMER LAST NAME, FIRST NAME	Behavioral		0.00	\$ 14.08	\$ -
CONSUMER LAST NAME, FIRST NAME	Behavioral		0.00	\$ 14.08	\$ -
CONSUMER LAST NAME, FIRST NAME	Behavioral		0.00	\$ 14.08	\$ -
CONSUMER LAST NAME, FIRST NAME	Behavioral		0.00	\$ 14.08	\$ -
CONSUMER LAST NAME, FIRST NAME	Behavioral		0.00	\$ 14.08	\$ -

**SUBTOTAL (BEHAVIORAL):** \$ -

**PART TWO - CLINICAL NURSING CONSULTATION**

*Please report hours per day per consumer*

Consumer Name	Residential Site Location	Dates of Service	Billable Hours	Hourly Rate	Monthly Services (Billable * Rate)
CONSUMER LAST NAME, FIRST NAME	Nursing		0.00	\$ 13.36	\$ -
CONSUMER LAST NAME, FIRST NAME	Nursing		0.00	\$ 13.36	\$ -
CONSUMER LAST NAME, FIRST NAME	Nursing		0.00	\$ 13.36	\$ -
CONSUMER LAST NAME, FIRST NAME	Nursing		0.00	\$ 13.36	\$ -
CONSUMER LAST NAME, FIRST NAME	Nursing		0.00	\$ 13.36	\$ -

**SUBTOTAL (NURSING):** \$ -

**CLINICAL CONSULTATIVE INVOICE SUMMARY**

CLINICAL BEHAVIORAL CONSULTATIVE SERVICES (PART ONE) :	\$	-
CLINICAL NURSING CONSULTATIVE SERVICES (PART TWO) :	\$	-
TOTAL MONTHLY EXPENDITURE :	\$	-

