



Developmental Disabilities Administration (DDA)
**Specialized Evaluation and Consultation
 Provider Invoice**

Client Name	Date(s) Provided	Year		
DDA Case Resource Manager				
Note: Services must be pre-approved by DDA.				
Service Provided	Service Code	Code Modifier	Date(s) Provided	Fee
Direct Support – Individual	H2019	U1		
Direct Support – Group	H2019	U3		
Treatment Team Meeting (Attendance)	H2019	U2		
Report Development - Paid once per quarter for quarterly report and once per year for annual report - Use Specialized Evaluation and Consultation forms	SA040	U1		
Total				
Name of Person Performing the Service			Provider Number	
Company / Agency				
Signature			Date Sent to DDA Case Manager	