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|  |  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 |