



State of Illinois
 Department of Human Services - Home Services Program
HOMEMAKER MONTHLY BILLING STATEMENT

Vendor Name: _____ Page _____ of _____

Vendor FEIN: _____ Vendor Address: _____

City/State/Zip: _____

Customer Name	Case Number	Social Security Number	District	Service Dates From/To	Type Service	Service Desc.	Units	Unit Price	Amount Billed	For DRS Use ONLY Auth. Number

I hereby certify that the above listed services were provided during the stated dates to the stated customer(s).

VENDORS PLEASE NOTE: The signature below also certifies that the information governs herein by the provider is true, accurate and complete, that the charges considered reasonable by the Department of Human Services - Division of Rehabilitation Services will constitute the full & complete charges. Therefore, that the provider will not accept additional payment from the customer or any other source and insurance or other payments for this service(s) are considered as deductions from the authorized amount.

Vendor Signature: _____ Date: _____

DRS Approval Signature: _____ Date: _____

Distribution: Original - DRS Local Office Copy - Vendor



INSTRUCTIONS FOR COMPLETION

Enter the vendor's FEIN.

Enter the vendor's name and address to which payment is to be sent.

Enter the page number of this form and the total number of pages included in the billing to ensure all pages have been received by DRS.

Enter the customer's name.

Enter the customer's seven digit case number assigned by DRS.

Enter the customer's Social Security Number.

Enter the DRS district number. NOTE: One form must be completed for each district to which services are being billed.

Enter the dates the services were provided. Each month must be billed separately on a line. Multiple months may be billed on the same form, using a separate line for each month billed.

Enter the DRS type service and service description codes (63-04100).

Enter the total amount billed for the service.

For DRS use only.

The form is signed and dated by the appropriate vendor staff person.

The form is submitted for payment to the local DRS office which handles cases for which services are being billed.

A computer generated facsimile of this form may be used in place of the printed form if it is an exact replica of this form.