



COLORADO

Department of Health Care
Policy & Financing

Pharmacy Unit
1570 Grant Street
Denver, CO 80203

INVOICE

Upon completion of the consultations, please fax this invoice **AND** email prescriber letters to Sara Haynes at sara.haynes@state.co.us / **Fx:** 303.866.3590 / **Ph:** 303.866.4229.

Pharmacist/ Contractor		Bill to:	
Name:		Pharmacy Section	
Address:		Department of Health Care Policy & Financing 1570 Grant Street Denver, Colorado 80203	
Phone Number:		Attn: Sara Haynes	
TAX ID:		Fax (303) 866-3590	

Service Date	Patient Name	Consult Type (face-to-face / phone)	Amount Billed (\$150 for face-to-face / \$90 for phone)
INVOICE TOTAL:			

Contractor Approval	Department Approval (completed by Department staff)
<p>I certify that the amount/s reflected on this invoice represent services actually furnished, that the individuals were eligible to receive said services and that payment has not been received.</p> <p>_____ Date _____</p> <p>Contractor Signature Date</p>	<p>Comments _____</p> <p>_____</p> <p>PO # _____</p> <p>Approved Amount \$ _____</p> <p>Approved for Payment _____</p> <p>Date _____</p>