K100 PROVIDER INSTRUCTIONS

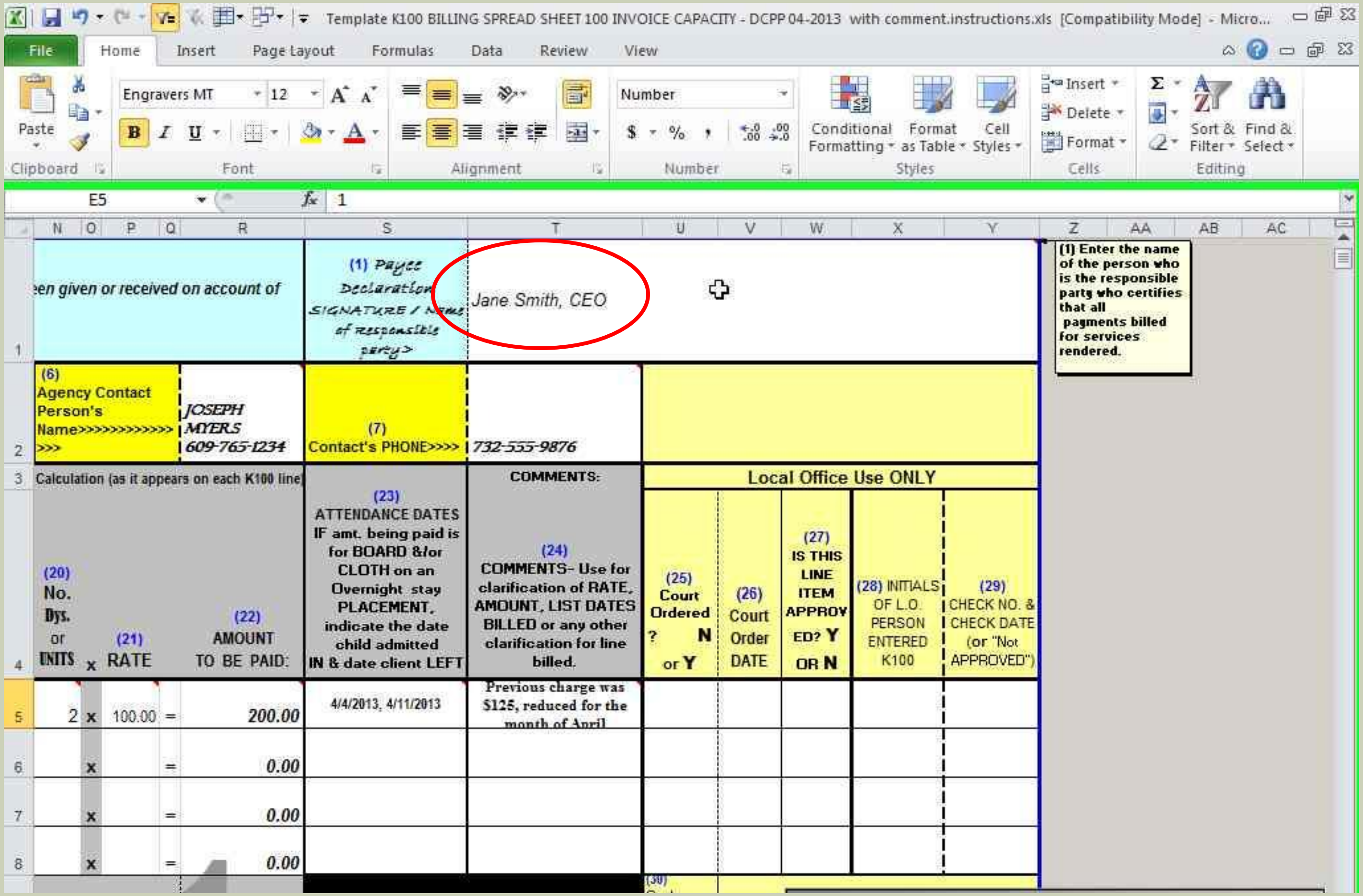
RESOURCE INFORMATION (1-7)

- (1) Enter the name of the person who is the responsible party who certifies that all payments billed for services rendered.
- (2) Enter the date on which your facility submitted billing to the Local Office via email attachment.
- (3) Enter your Resource Name and Address to which checks should be mailed.
  Type Your Provider name then use **Alt.+ Enter** to move downward within this cell to each address line.
- (4) Enter your NJ SPIRIT Resource Identification Number.
- (5) Enter the Provider 9 digit FEIN you are issued payments under.
- (6) & (7) Enter the person's name & phone number whom may be contacted with questions.

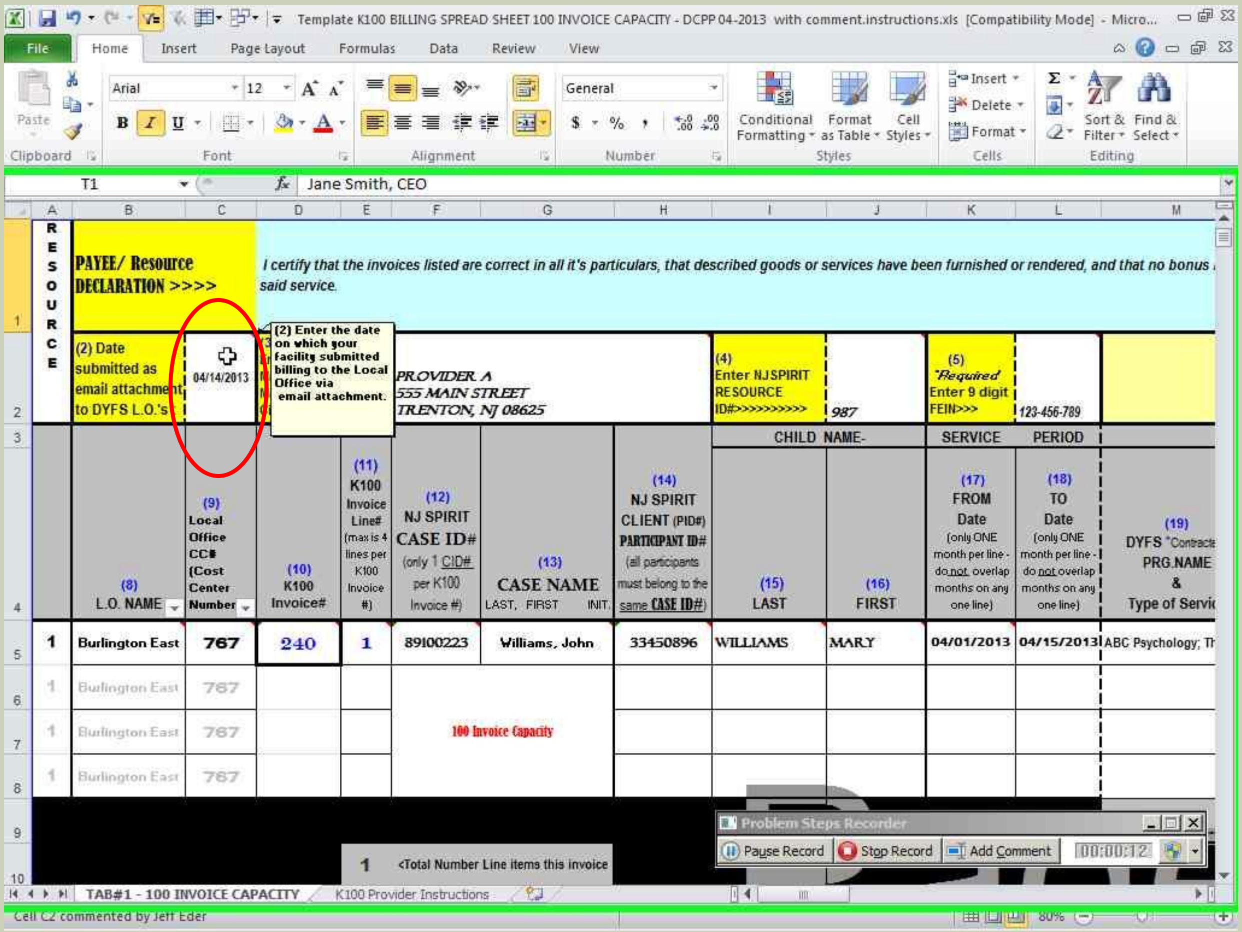
K100 INVOICE INFORMATION HEADER

- (8) & (9) Enter the Local Office & CC# that supervises each case. (Select Name & CC# from Dropdown Menu)
- (10) Enter the K100 Invoice numbers sequentially for each set of 4 lines billed.
  Contact the Office of Accounting at 609-888-7150 to obtain groups of 100 Invoice numbers.
  Each K100 Invoice Number can only be used for ONE Case for up to 4 lines associated with that case.
- (11) You may enter up to 4 payment billing lines per Invoice number but again all 4 lines must be associated with the one Case ID you indicated.
  Note: You may bill for one client for different months OR you may also bill for multiple clients spanning these 4 lines but, the client(s) *must* be for the same Case!
- (12) Enter the unique NJ SPIRIT assigned Identification number for the CASE.
- (13) Enter the Last, First and Middle Initial of the CASE.
- (14) Enter the NJ SPIRIT client Participant Identification number of the client in this Case for whom you are billing.
- (15) Enter the Last Name of the Client Participant in this Case for whom you are billing.
- (16) Enter the Client Participant's First Name in this Case for whom you are billing.
- (17) - (18) Enter the FROM Date and the TO Date of the Date(s) of the dates services were rendered that you are billing for.
  A. RE: for **Support Services**–ONLY blanket the full month from the 1st.-31st. if you are *certain* you will not be submitting another bill for the same month for that client. When you blanket a given month then later submit another K100 billing perhaps for a date you may have missed, your Invoice will be tagged as a duplicate; your payment will be delayed until the research is completed thus a delay of your payment.
  B. It is best to bill only ONE date as the FROM and TO date per line so as not to have duplicates.
- (19) Enter -2- pieces of information; The Name of the "contracted Program under which the services are being provided AND also the type of service rendered.
- (20) Enter the number of Units, Hours, Sessions (if support services) or DAYS if billing is for overnight stay Board
- (21) Enter the contracted RATE you are billing at.
  (22) Automatically calculated – please do not enter data in this field.
- (23) ATTENDANCE - for overnight stay "board" and/or "clothing" dates *Only* – Enter the date client went IN your facility & if the client was discharged, Enter date client went OUT. (**Support Service Providers do not fill out**)
- (24) Enter any COMMENTS you may have & take note that if blanketing the FROM & TO dates – please list the actual dates served.
- **NOTE: FILE NAMING CONVENTION** - Save your billing and file name according to the "Service Month" and Year billed. EXAMPLE: all services that occurred during March 2013 would be billed on the spread sheet most likely the beginning of April. When you Save each month's billing using the "service month" name & Year, both yourself and the LO's will easily be able to identify the billing in the event of a questioned invoice.
- Sample File Name - **XYZ Agency -March 2013 Billing**
- ***Via DataMotion -Submit K100 Billing Spread Sheet MONTHLY to the Local Offices you've billed for a client.**

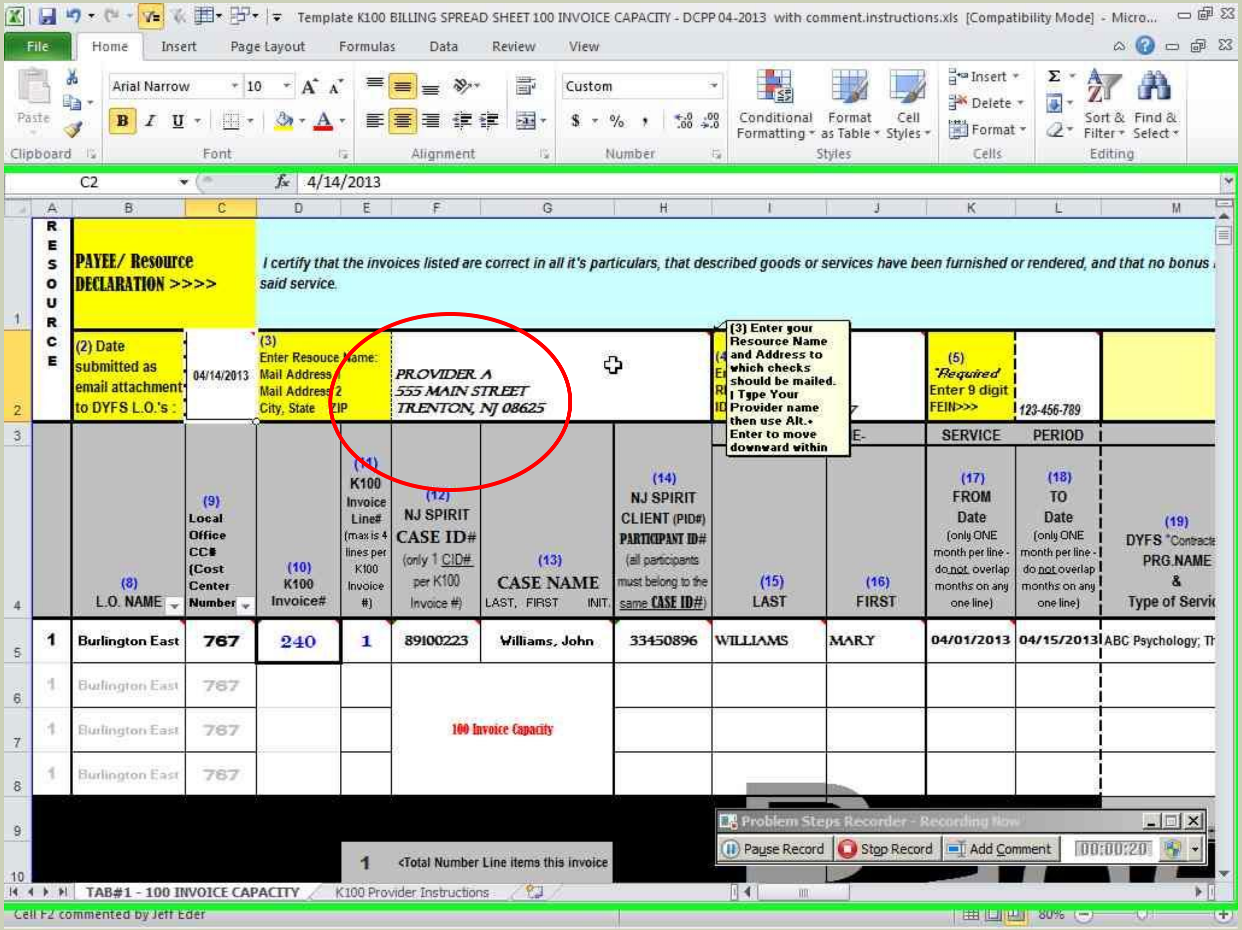
(1) PAYEE DECLARATION



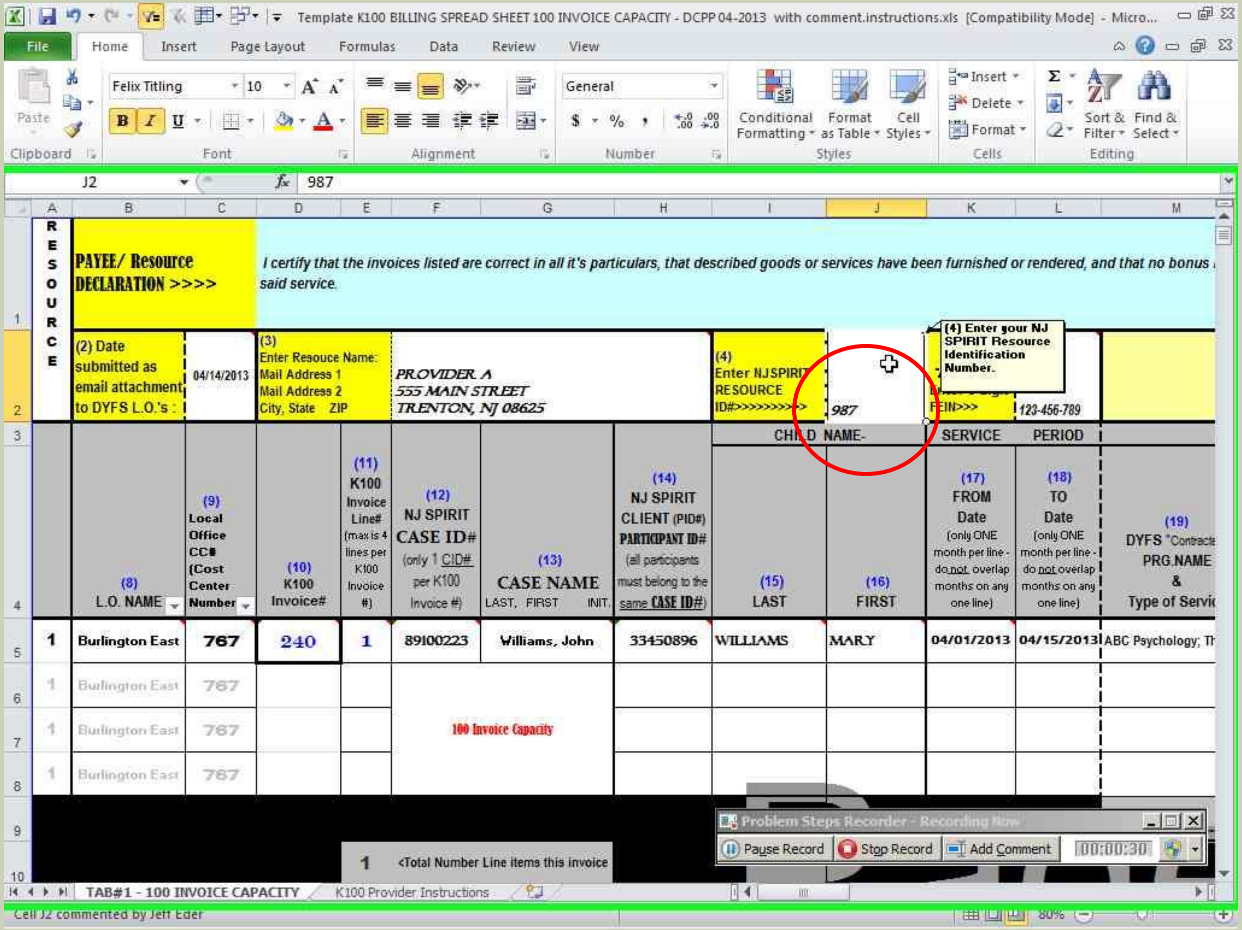
(2) DATE SUBMITTED



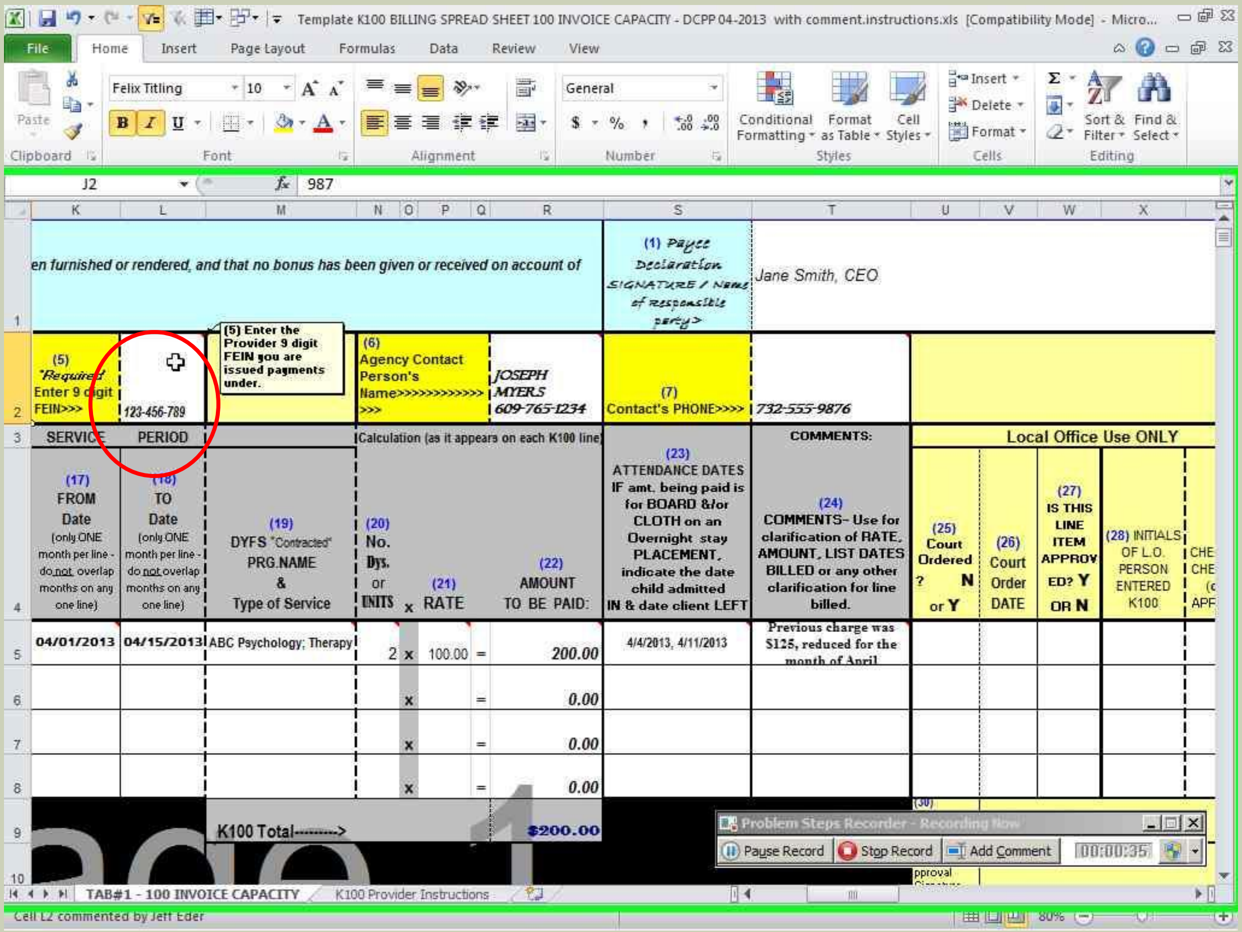
(3) RESOURCE NAME AND ADDRESS



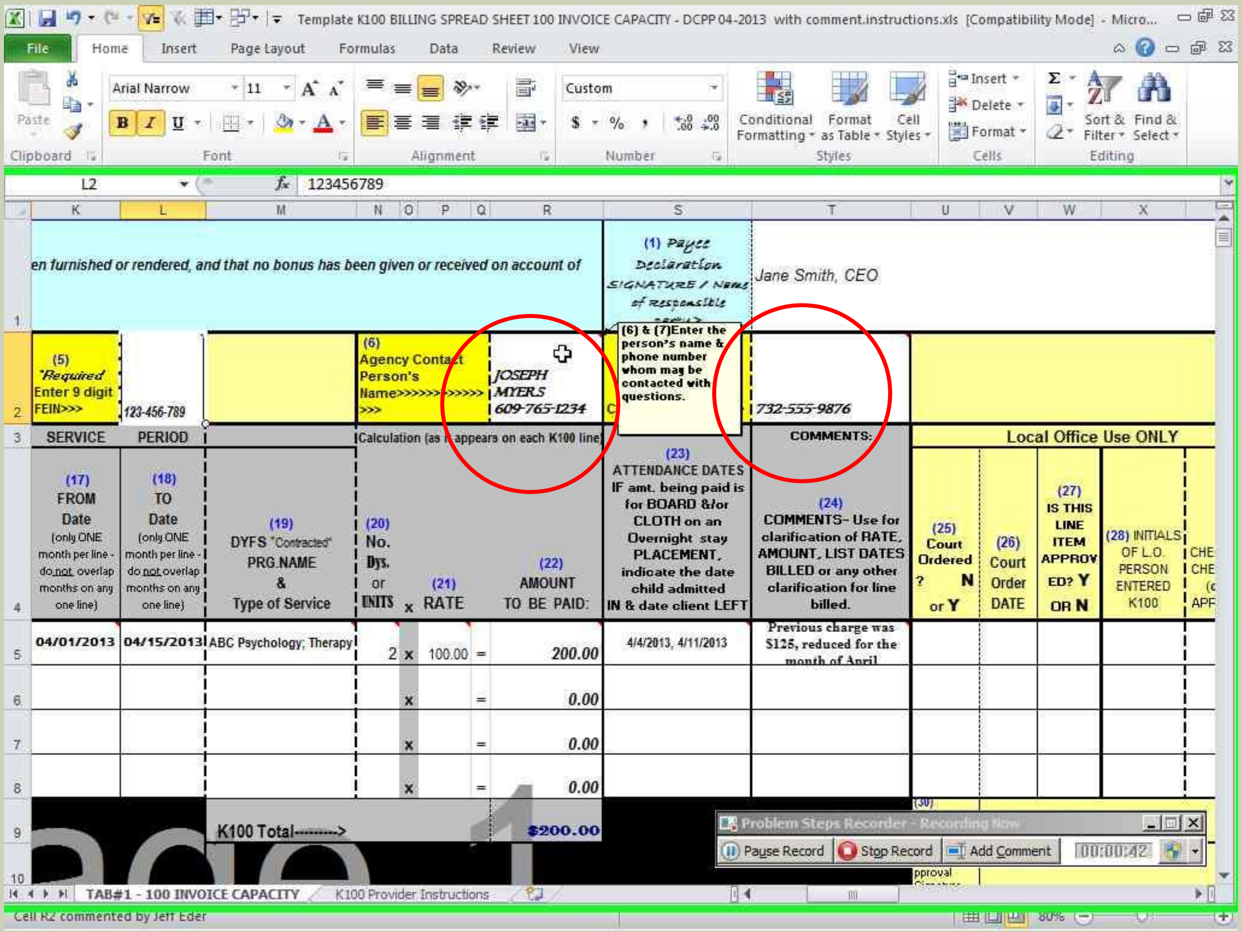
(4) NJ SPIRIT RESOURCE ID#



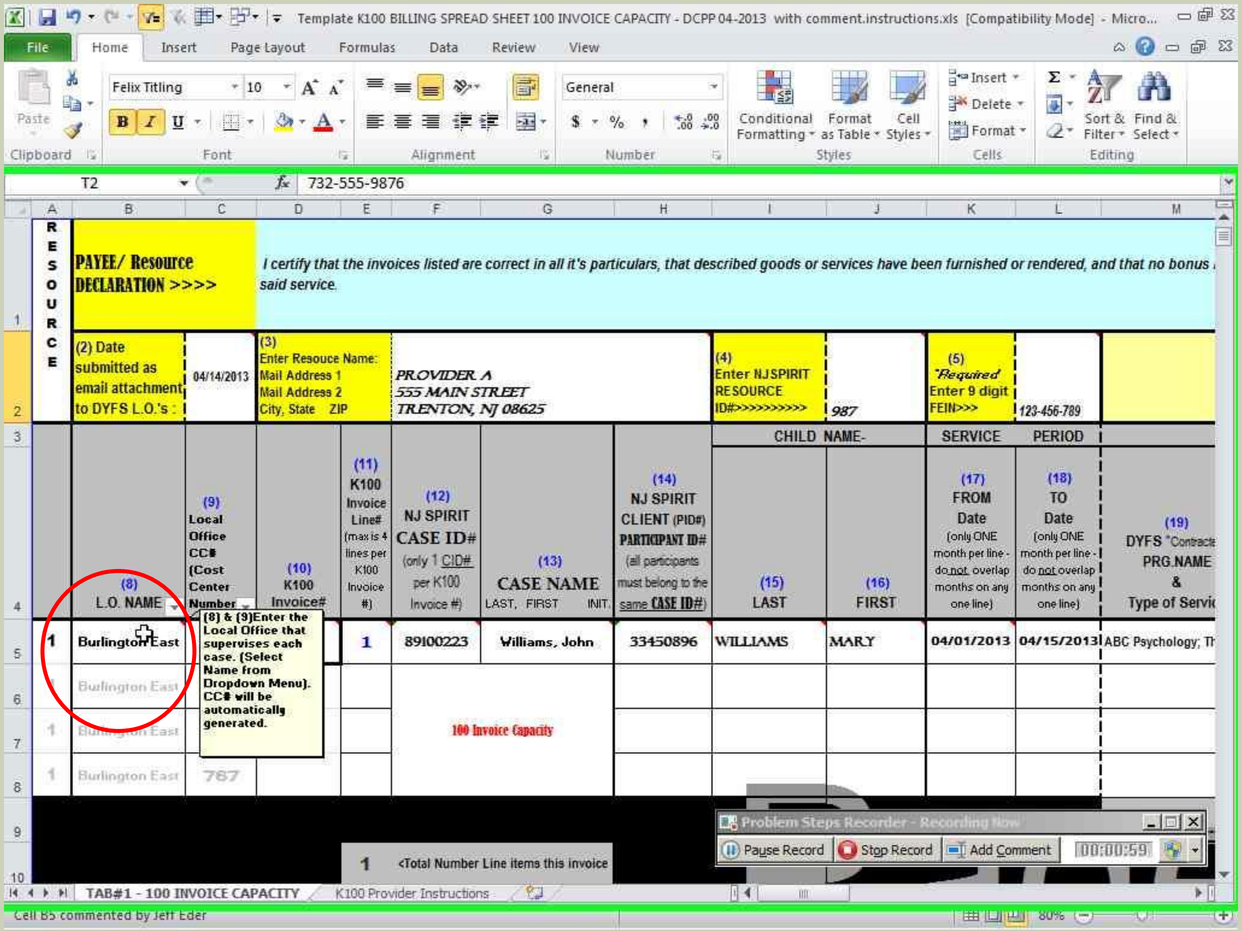
(5) PROVIDER FEIN



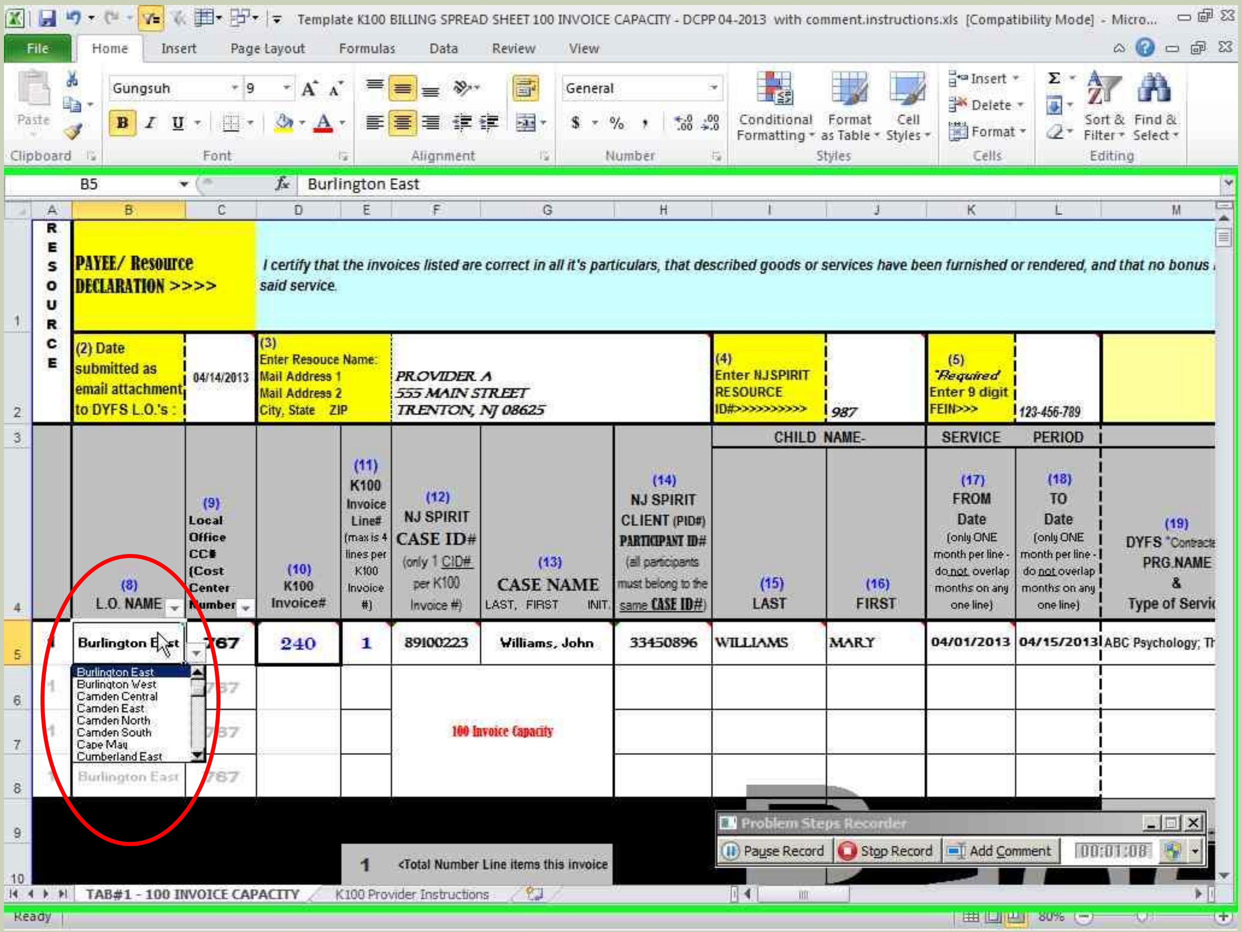
(6&7) AGENCY CONTACT INFORMATION



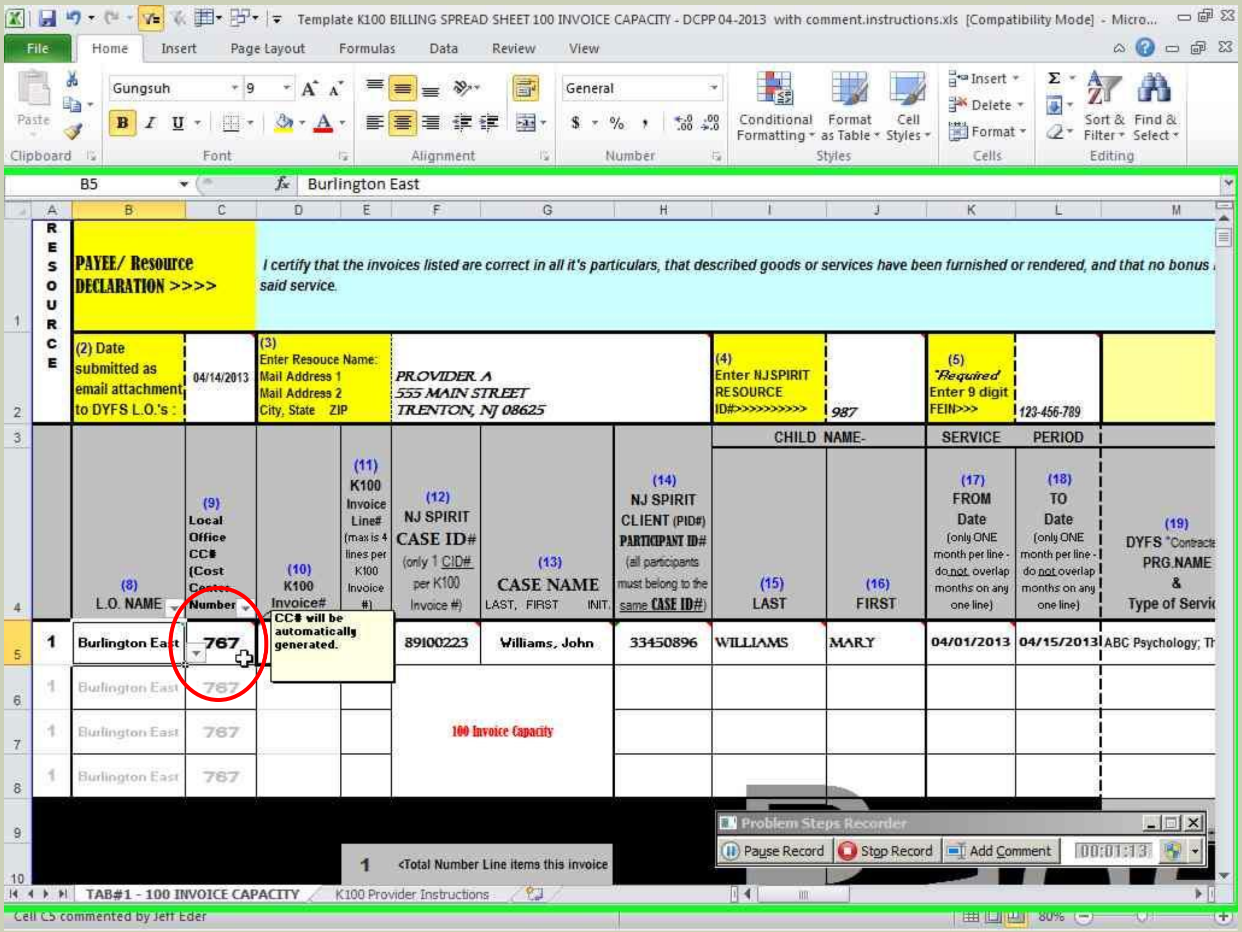
(8) LOCAL OFFICE



(8-CONTINUED) LOCAL OFFICE

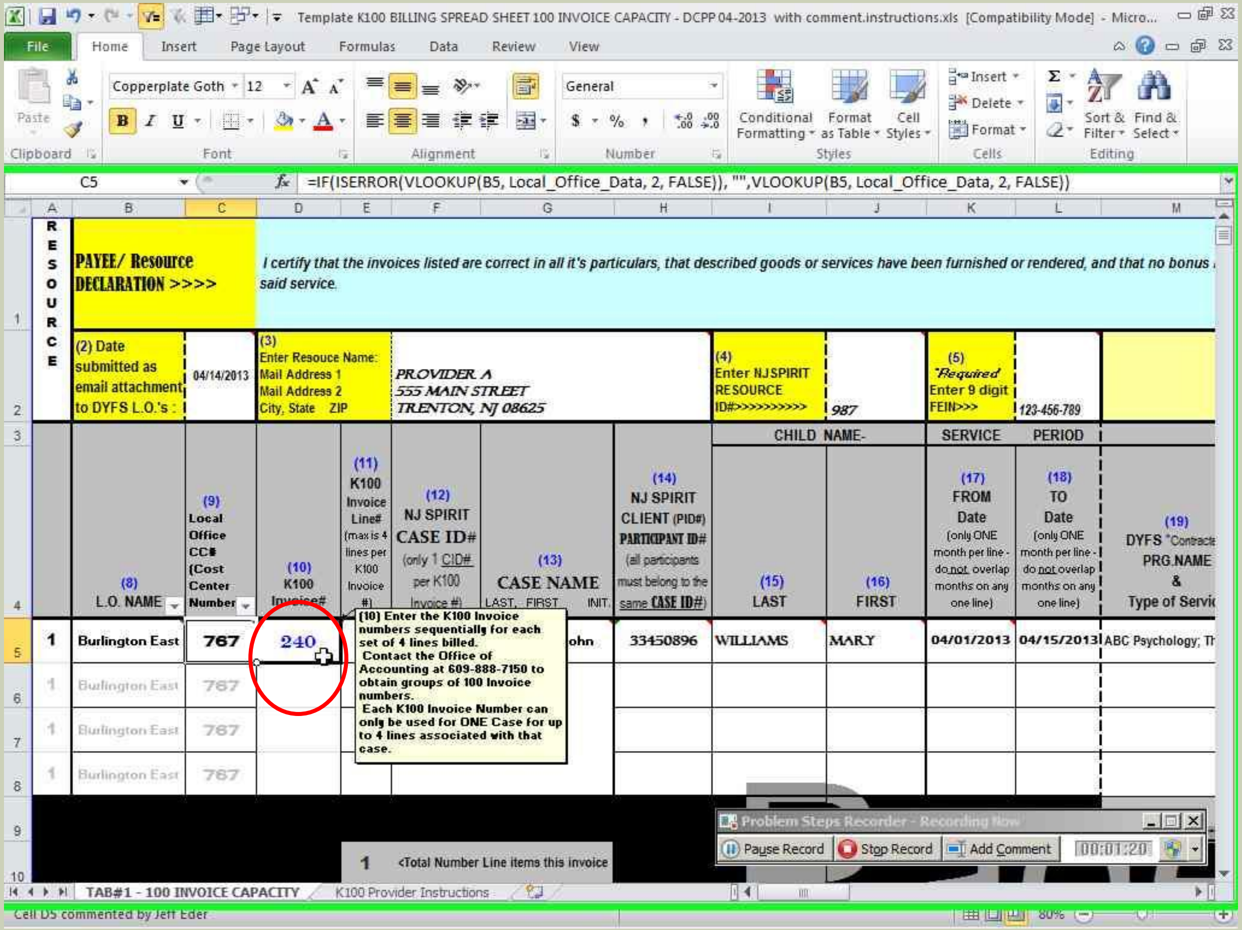


(9) COST CODE

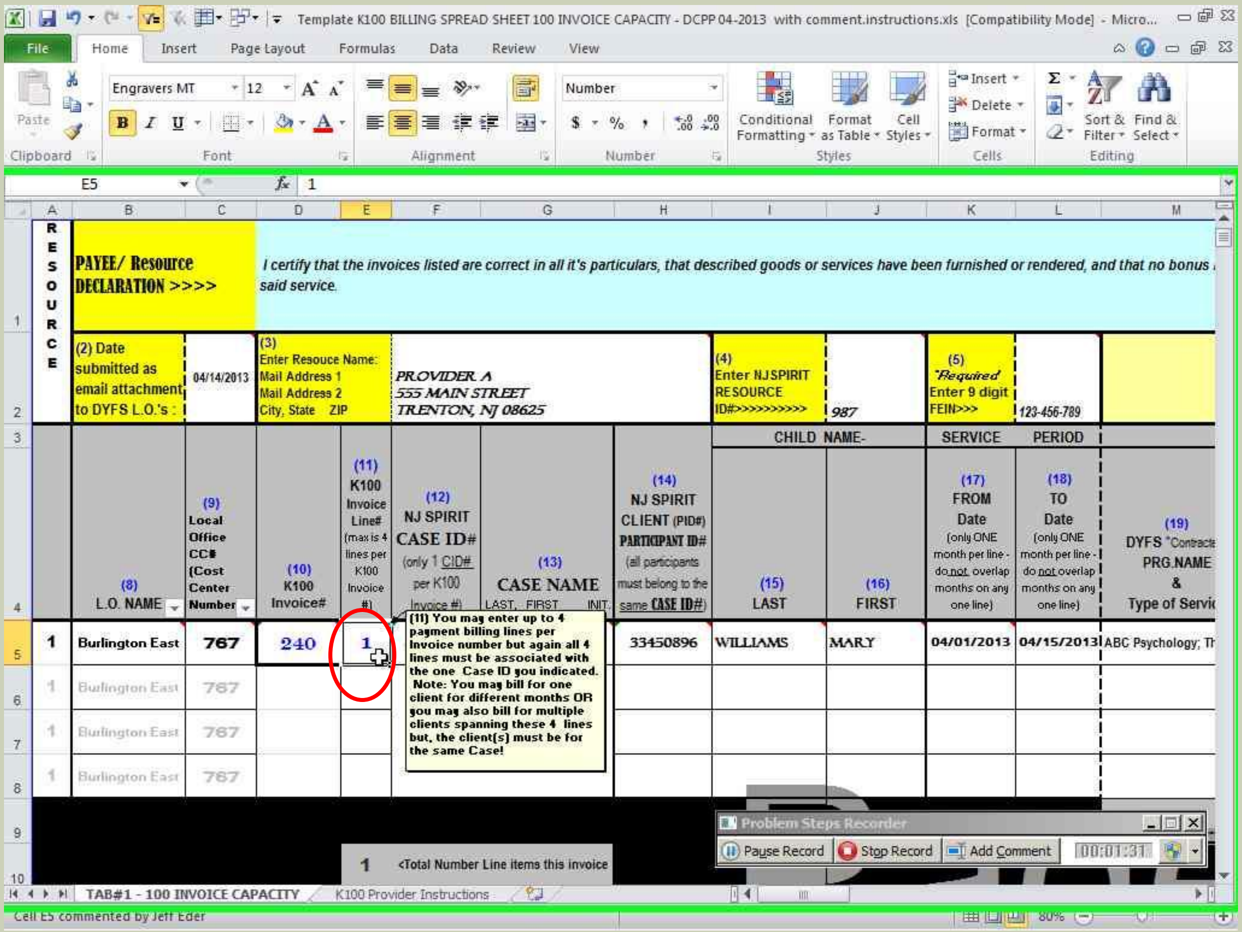


Template K100 BILLING SPREAD SHEET 100 INVOICE CAPACITY - DCPP 04-2013 with comment.instructions.xls [Compatibility Mode] - Micro...
File
Home
Insert
Page Layout
Formulas
Data
Review
View
B5
Burlington East
PAYEE/ Resource DECLARATION >>>>
I certify that the invoices listed are correct in all it's particulars, that described goods or services have been furnished or rendered, and that no bonus
said service.
(2) Date submitted as email attachment to DYFS L.O.'s :
04/14/2013
(3) Enter Resouce Name: Mail Address 1 Mail Address 2 City, State ZIP
PROVIDER A
555 MAIN STREET
TRENTON, NJ 08625
(4) Enter NJSPIRIT RESOURCE ID#>>>>>>>>>>
987
(5) "Required" Enter 9 digit FEIN>>>
123-456-789
CHILD NAME-
SERVICE
PERIOD
(8) L.O. NAME
(9) Local Office CC# (Cost Center Number
(10) K100 Invoice#
(11) K100 Invoice Line# (max is 4 lines per K100 Invoice #)
(12) NJ SPIRIT CASE ID# (only 1 CID# per K100 Invoice #)
(13) CASE NAME LAST, FIRST INIT.
(14) NJ SPIRIT CLIENT (PID#) PARTICIPANT ID# (all participants must belong to the same CASE ID#)
(15) LAST
(16) FIRST
(17) FROM Date (only ONE month per line - do not overlap months on any one line)
(18) TO Date (only ONE month per line - do not overlap months on any one line)
(19) DYFS "Contract PRG.NAME & Type of Servic
CC# will be automatically generated.
1
Burlington East
767
89100223
Williams, John
33450896
WILLIAMS
MARY
04/01/2013
04/15/2013
ABC Psychology; Th
100 Invoice Capacity
1 <Total Number Line items this invoice
Problem Steps Recorder
Pause Record
Stop Record
Add Comment
TAB#1 - 100 INVOICE CAPACITY
K100 Provider Instructions
Cell C5 commented by Jeff Eder

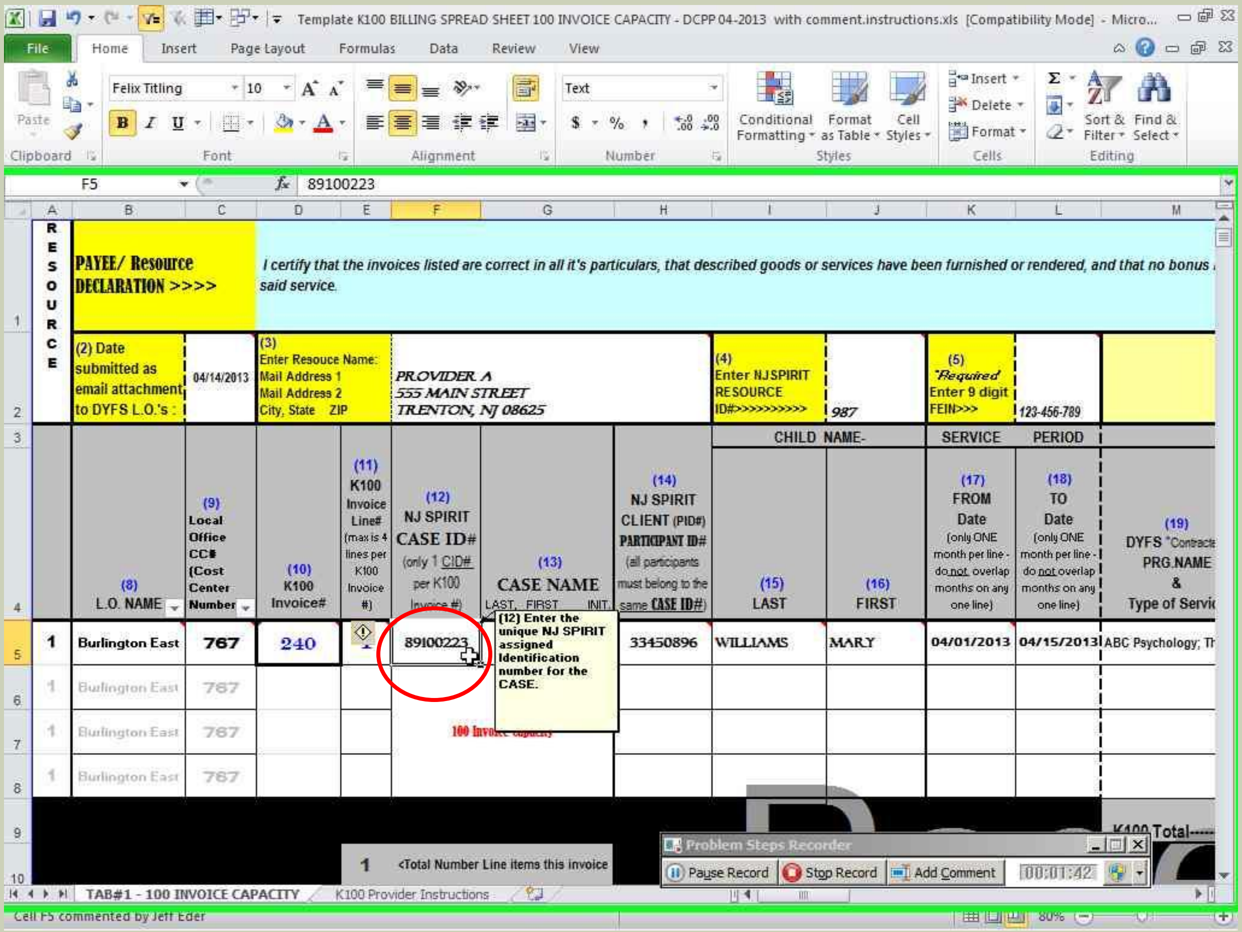
(10) INVOICE


Template K100 BILLING SPREAD SHEET 100 INVOICE CAPACITY - DCPP 04-2013 with comment.instructions.xls [Compatibility Mode] - Micro...
=IF(ISERROR(VLOOKUP(B5, Local_Office_Data, 2, FALSE)), "",VLOOKUP(B5, Local_Office_Data, 2, FALSE))
PAYEE/ Resource DECLARATION >>>>
I certify that the invoices listed are correct in all it's particulars, that described goods or services have been furnished or rendered, and that no bonus said service.
(2) Date submitted as email attachment to DYFS L.O.'s :
04/14/2013
(3) Enter Resouce Name: Mail Address 1 Mail Address 2 City, State ZIP
PROVIDER A
555 MAIN STREET
TRENTON, NJ 08625
(4) Enter NJSPIRIT RESOURCE ID#>>>>>>>>>>
987
(5) "Required" Enter 9 digit FEIN>>>
123-456-789
CHILD NAME-
SERVICE PERIOD
(8) L.O. NAME
(9) Local Office CC# (Cost Center Number
(10) K100 Invoice#
(11) K100 Invoice Line# (max is 4 lines per K100 Invoice #)
(12) NJ SPIRIT CASE ID# (only 1 CID# per K100 Invoice #)
(13) CASE NAME LAST, FIRST INIT.
(14) NJ SPIRIT CLIENT (PID#) PARTICIPANT ID# (all participants must belong to the same CASE ID#)
(15) LAST
(16) FIRST
(17) FROM Date (only ONE month per line - do not overlap months on any one line)
(18) TO Date (only ONE month per line - do not overlap months on any one line)
(19) DYFS "Contract" PRG.NAME & Type of Service
1 Burlington East 767 240
John 33450896 WILLIAMS MARY 04/01/2013 04/15/2013 ABC Psychology; Th
(10) Enter the K100 Invoice numbers sequentially for each set of 4 lines billed.
Contact the Office of Accounting at 609-888-7150 to obtain groups of 100 Invoice numbers.
Each K100 Invoice Number can only be used for ONE Case for up to 4 lines associated with that case.
1 <Total Number Line items this invoice
Problem Steps Recorder - Recording Now
Pause Record Stop Record Add Comment 00:01:20
TAB#1 - 100 INVOICE CAPACITY
K100 Provider Instructions
Cell D5 commented by Jeff Eder

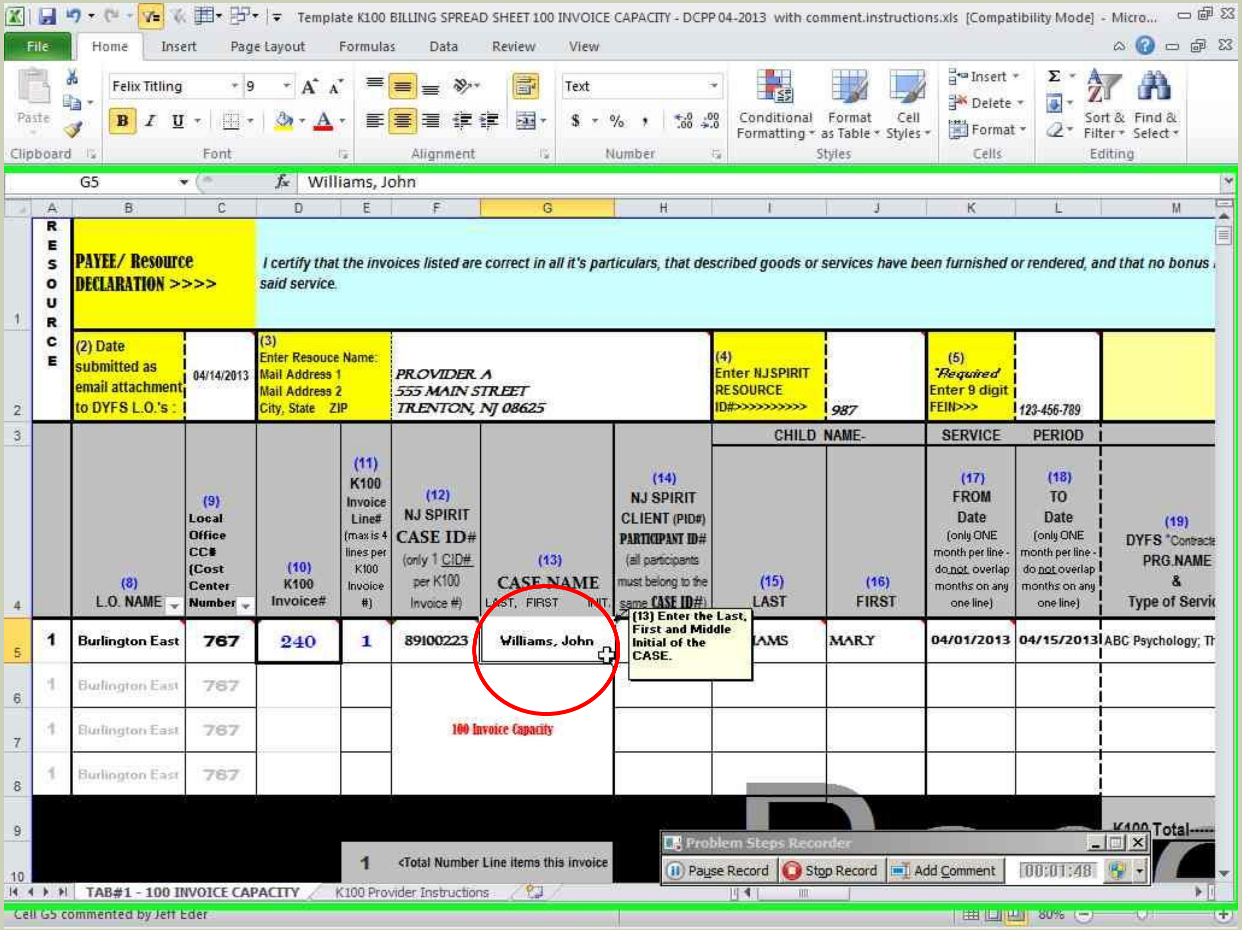
(11) INVOICE LINE



(12) CASE ID#

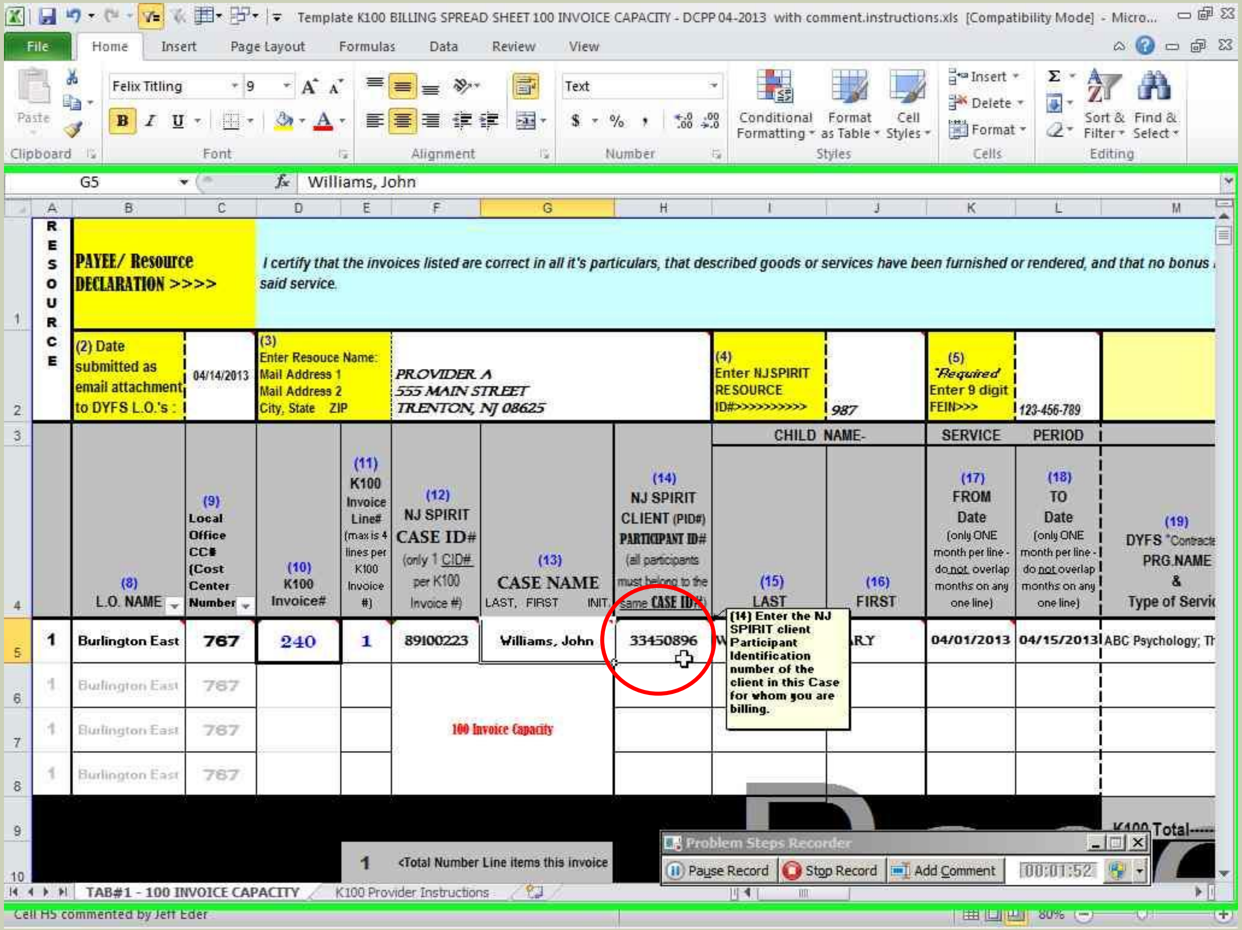

Template K100 BILLING SPREAD SHEET 100 INVOICE CAPACITY - DCPP 04-2013 with comment.instructions.xls [Compatibility Mode] - Micro...
F5
89100223
PAYEE/ Resource DECLARATION >>>>
I certify that the invoices listed are correct in all it's particulars, that described goods or services have been furnished or rendered, and that no bonus
said service.
(2) Date submitted as email attachment to DYFS L.O.'s :
04/14/2013
(3) Enter Resouce Name: Mail Address 1 Mail Address 2 City, State ZIP
PROVIDER A
555 MAIN STREET
TRENTON, NJ 08625
(4) Enter NJSPIRIT RESOURCE ID#>>>>>>>>>>
987
(5) "Required" Enter 9 digit FEIN>>>
123-456-789
CHILD NAME-
SERVICE PERIOD
(8) L.O. NAME
(9) Local Office CC# (Cost Center Number
(10) K100 Invoice#
(11) K100 Invoice Line# (max is 4 lines per K100 Invoice #)
(12) NJ SPIRIT CASE ID# (only 1 CID# per K100 Invoice #)
(13) CASE NAME LAST, FIRST INIT
(14) NJ SPIRIT CLIENT (PID#) PARTICIPANT ID# (all participants must belong to the same CASE ID#)
(15) LAST
(16) FIRST
(17) FROM Date (only ONE month per line - do not overlap months on any one line)
(18) TO Date (only ONE month per line - do not overlap months on any one line)
(19) DYFS "Contract PRG.NAME & Type of Servic
1 Burlington East 767 240 89100223 33450896 WILLIAMS MARY 04/01/2013 04/15/2013 ABC Psychology; Th
(12) Enter the unique NJ SPIRIT assigned identification number for the CASE.
1 Burlington East 767
1 Burlington East 767
1 Burlington East 767
100 Invoice capacity
1 <Total Number Line items this invoice
K100 Total
Problem Steps Recorder
Pause Record
Stop Record
Add Comment
TAB#1 - 100 INVOICE CAPACITY
K100 Provider Instructions
Cell F5 commented by Jeff Eder

(13) CASE NAME

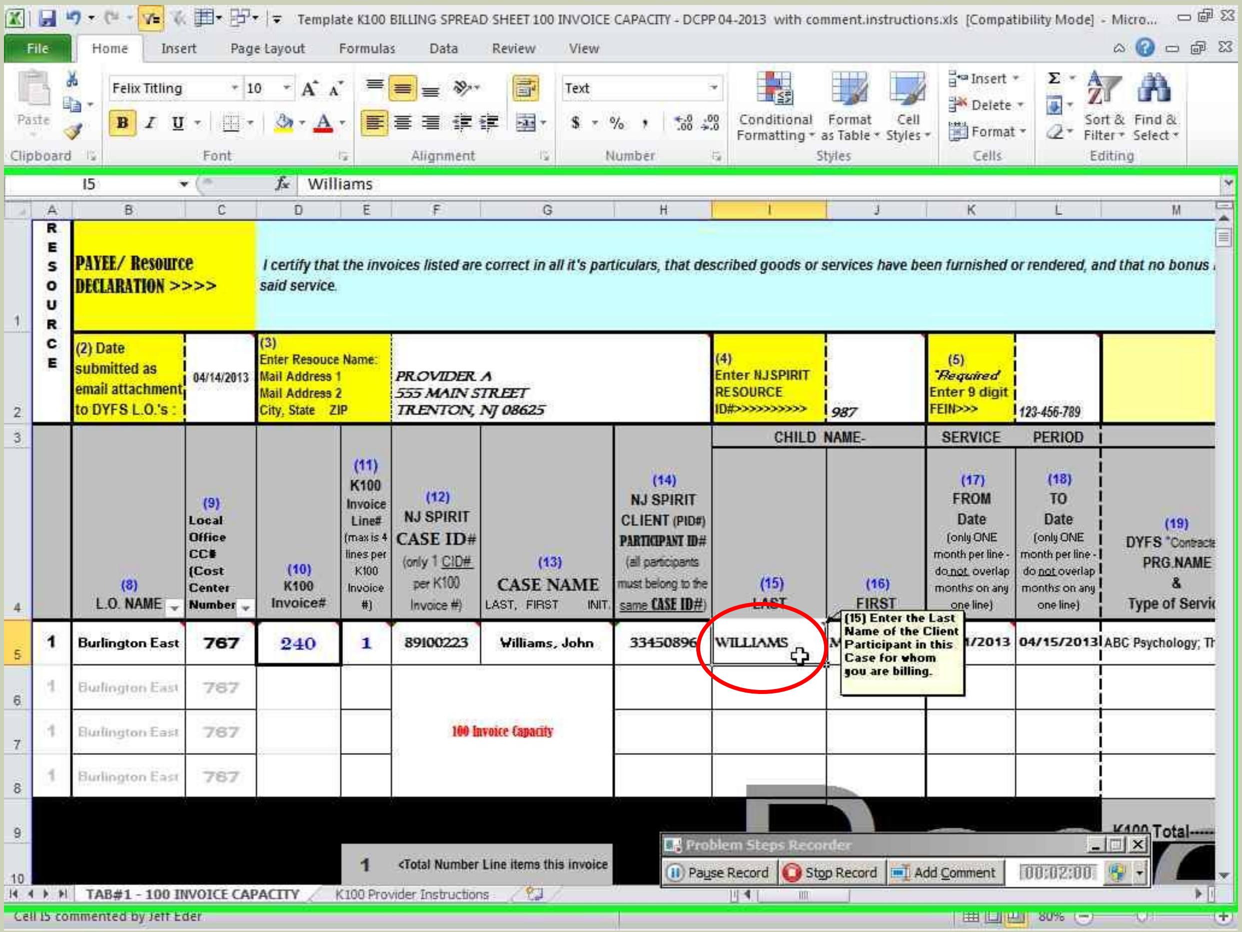


Template K100 BILLING SPREAD SHEET 100 INVOICE CAPACITY - DCPP 04-2013 with comment.instructions.xls [Compatibility Mode] - Micro...
G5
Williams, John
PAYEE/ Resource DECLARATION >>>>
I certify that the invoices listed are correct in all it's particulars, that described goods or services have been furnished or rendered, and that no bonus
said service.
(2) Date submitted as email attachment to DYFS L.O.'s :
04/14/2013
(3) Enter Resouce Name: Mail Address 1 Mail Address 2 City, State ZIP
PROVIDER A
555 MAIN STREET
TRENTON, NJ 08625
(4) Enter NJSPIRIT RESOURCE ID#>>>>>>>>>>
987
(5) "Required" Enter 9 digit FEIN>>>
123-456-789
CHILD NAME-
SERVICE PERIOD
(8) L.O. NAME
(9) Local Office CC# (Cost Center Number
(10) K100 Invoice#
(11) K100 Invoice Line# (max is 4 lines per K100 Invoice #)
(12) NJ SPIRIT CASE ID# (only 1 CID# per K100 Invoice #)
(13) CASE NAME LAST, FIRST INIT.
(14) NJ SPIRIT CLIENT (PID#) PARTICIPANT ID# (all participants must belong to the same CASE ID#)
(15) LAST
(16) FIRST
(17) FROM Date (only ONE month per line - do not overlap months on any one line)
(18) TO Date (only ONE month per line - do not overlap months on any one line)
(19) DYFS "Contract PRG.NAME & Type of Servic
Burlington East
767
240
1
89100223
Williams, John
(13) Enter the Last, First and Middle Initial of the CASE.
MARY
04/01/2013
04/15/2013
ABC Psychology; Th
100 Invoice Capacity
K100 Total
<Total Number Line items this invoice
Problem Steps Recorder
Pause Record
Stop Record
Add Comment
00:01:48
TAB#1 - 100 INVOICE CAPACITY
K100 Provider Instructions
Cell G5 commented by Jeff Eder

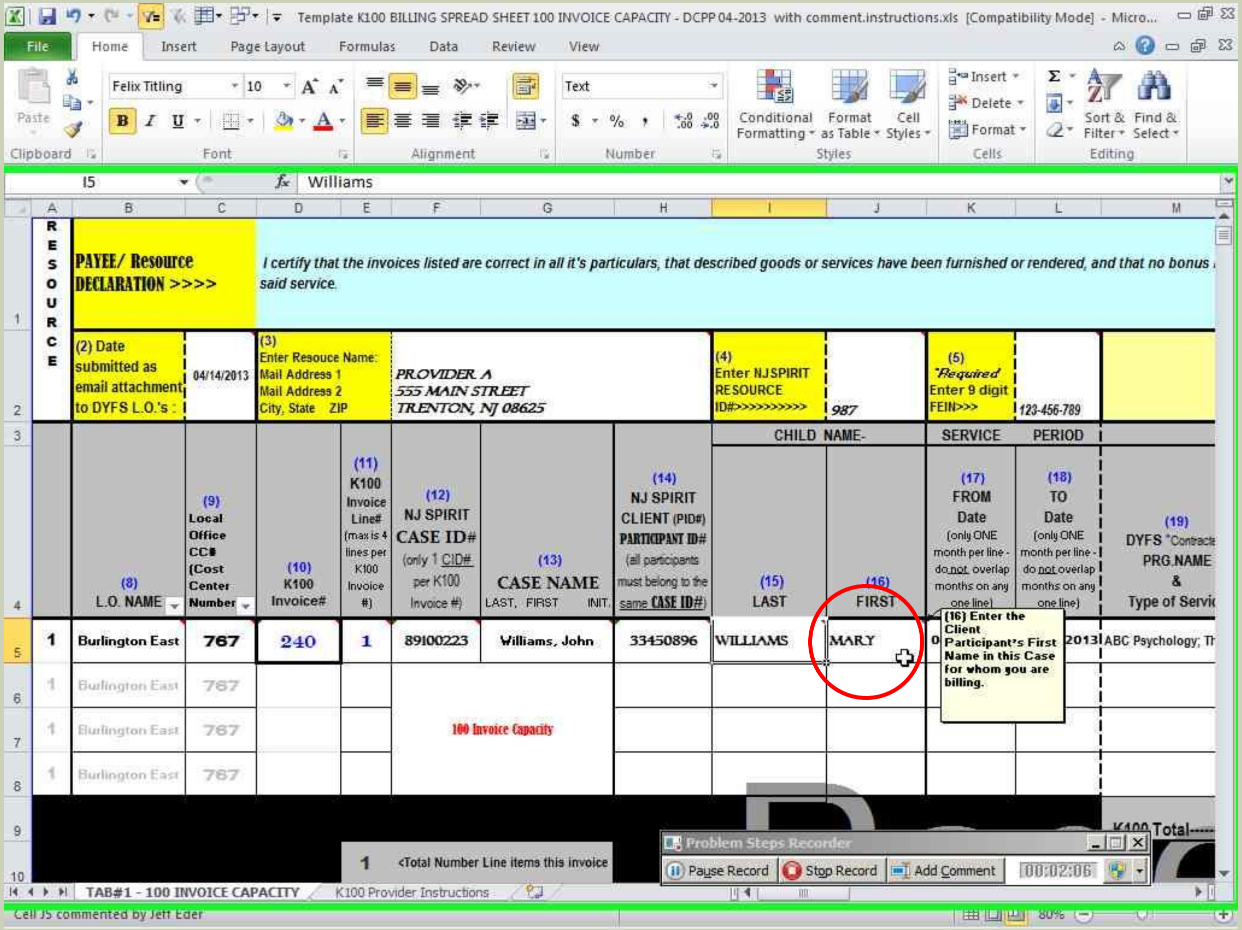
(14) PARTICIPANT ID#



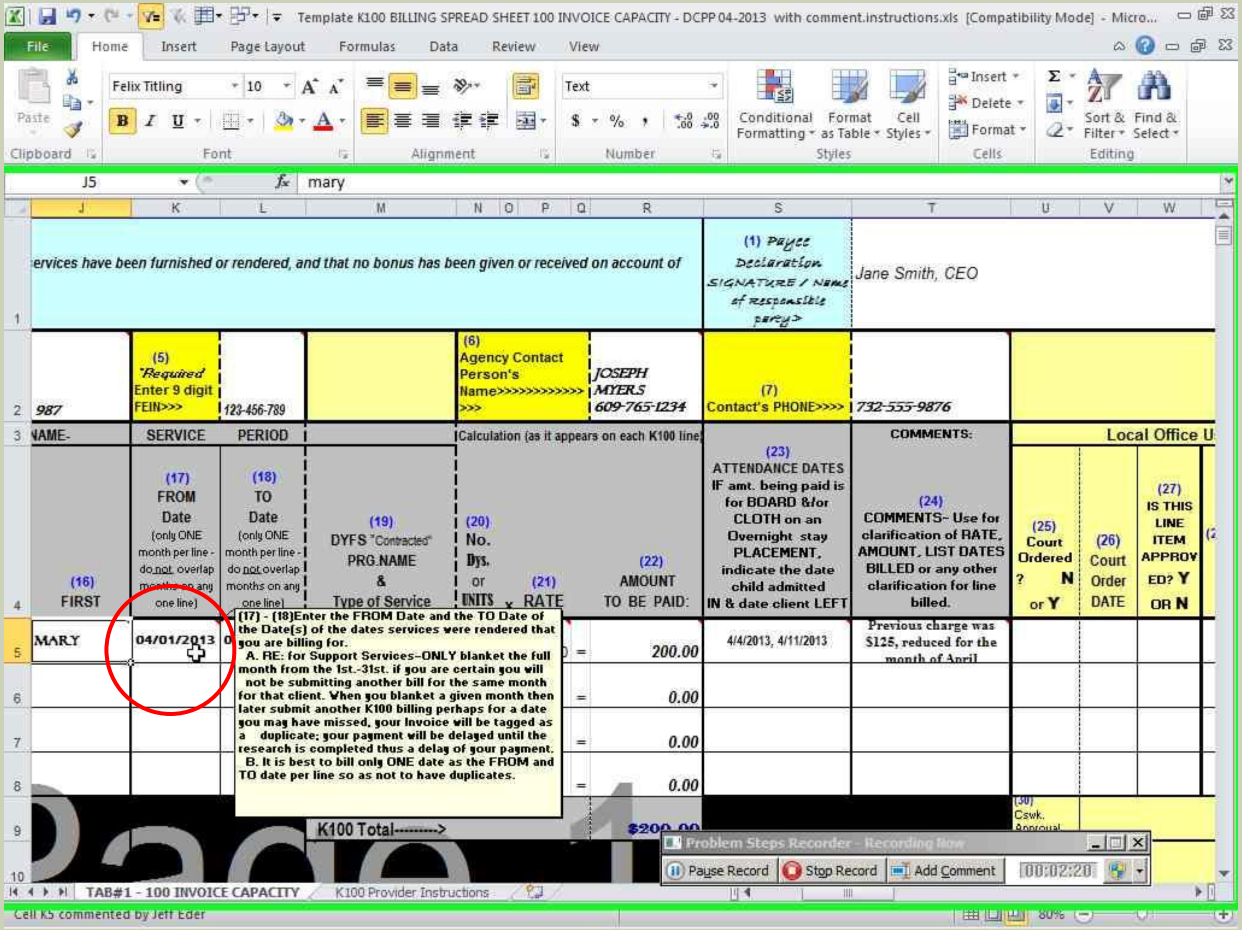
(15) CLIENT LAST NAME



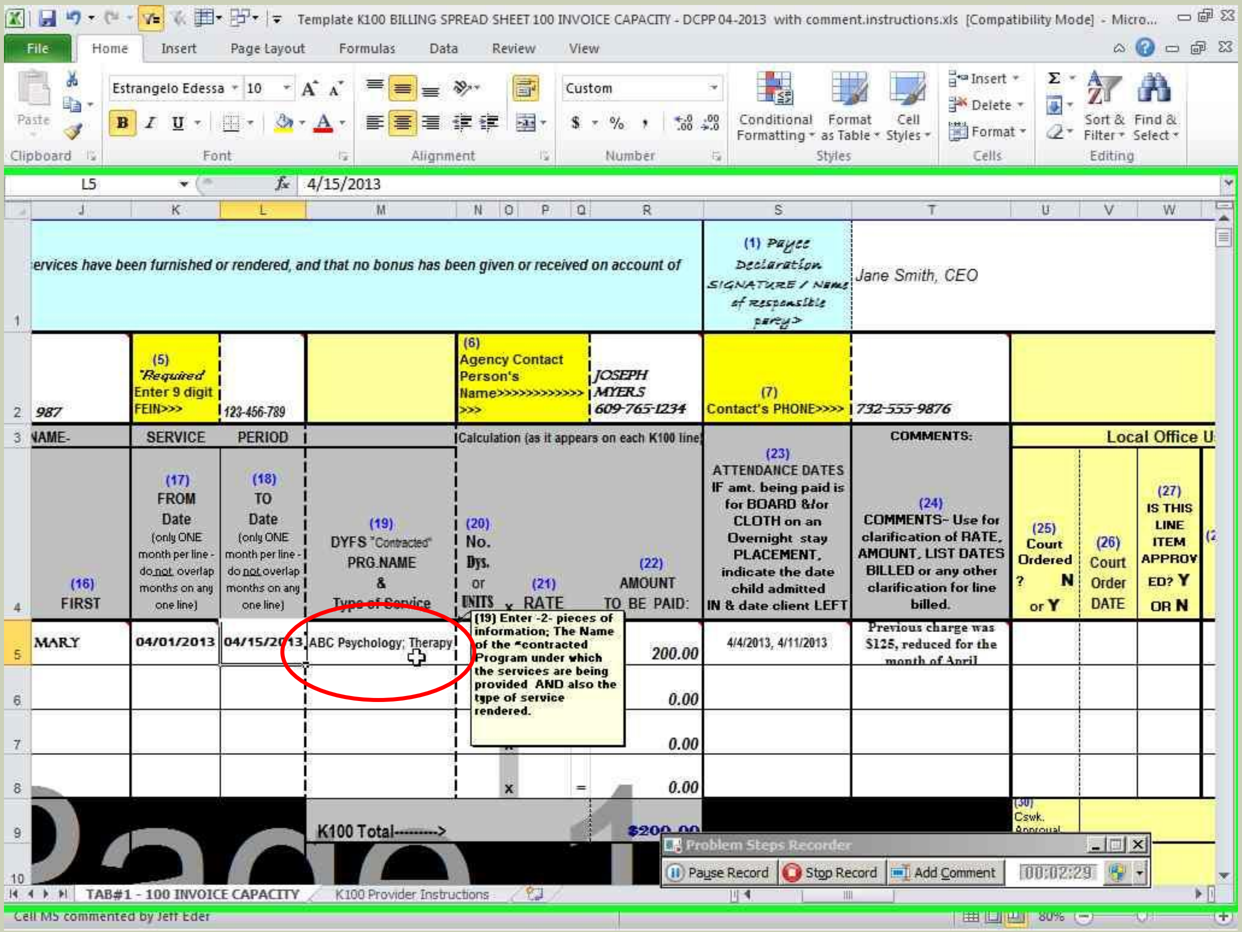
(16) CLIENT FIRST NAME



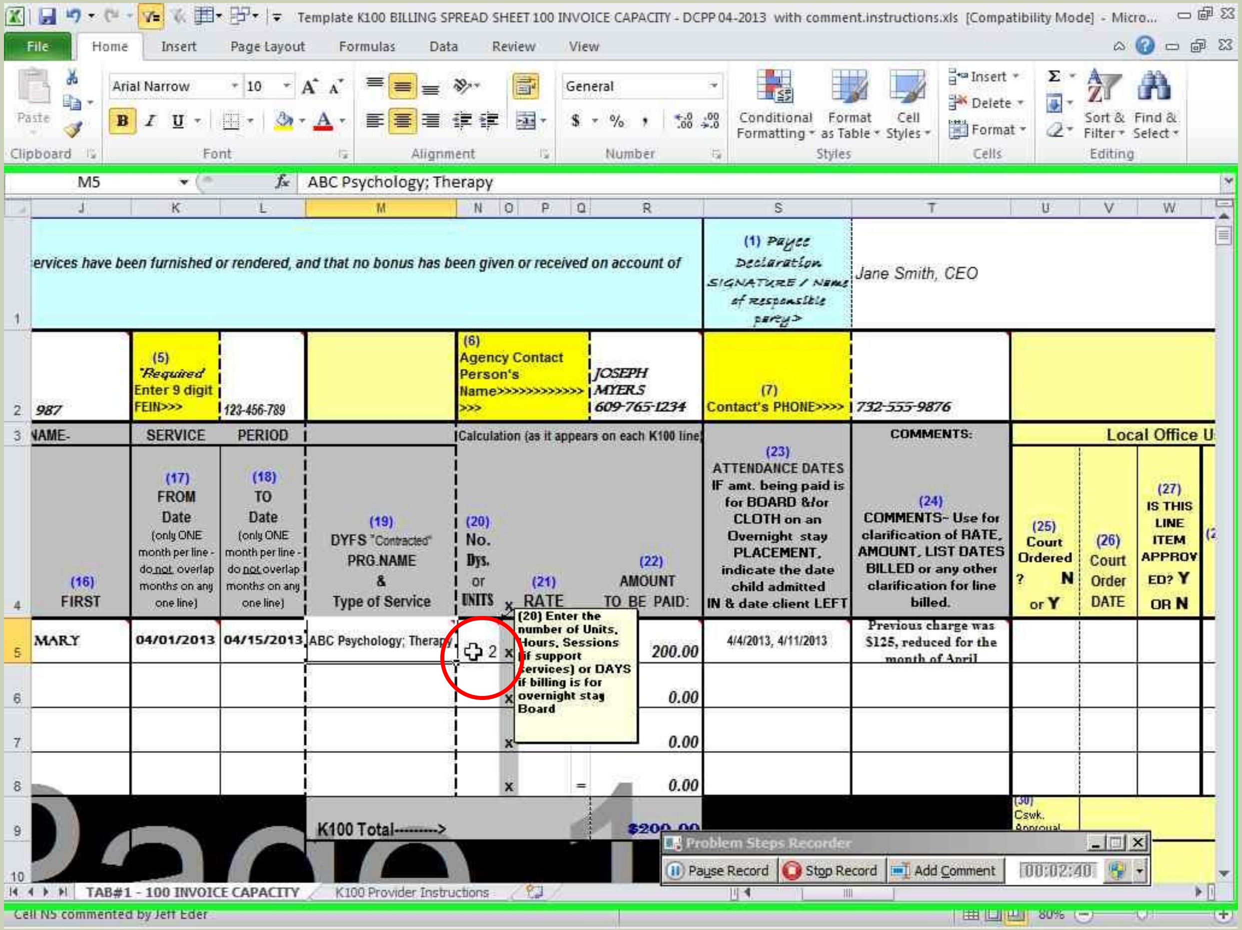
(17 & 18) SERVICE DATES



(19) PROGRAM NAME AND TYPE OF SERVICE

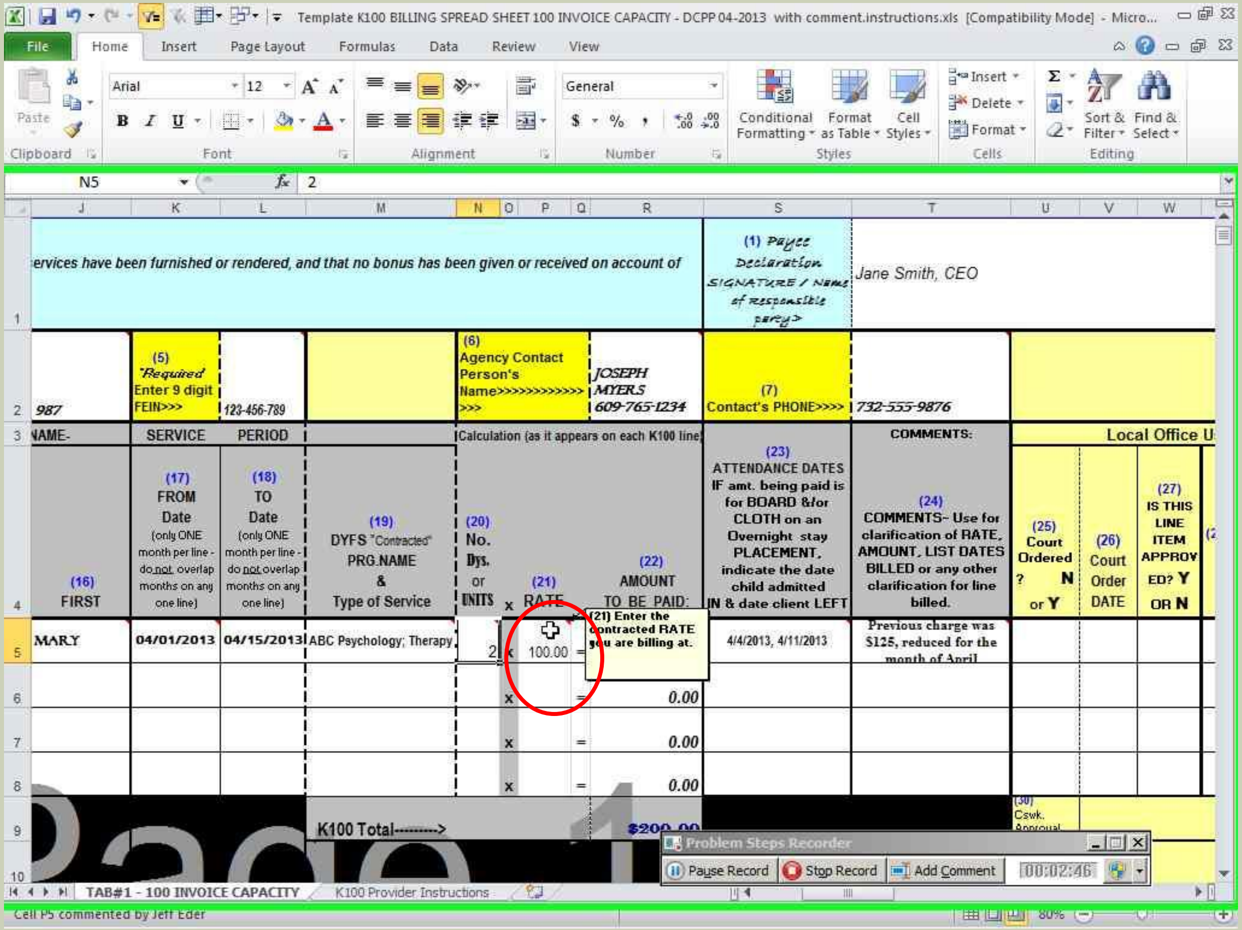


(20) # OF UNITS



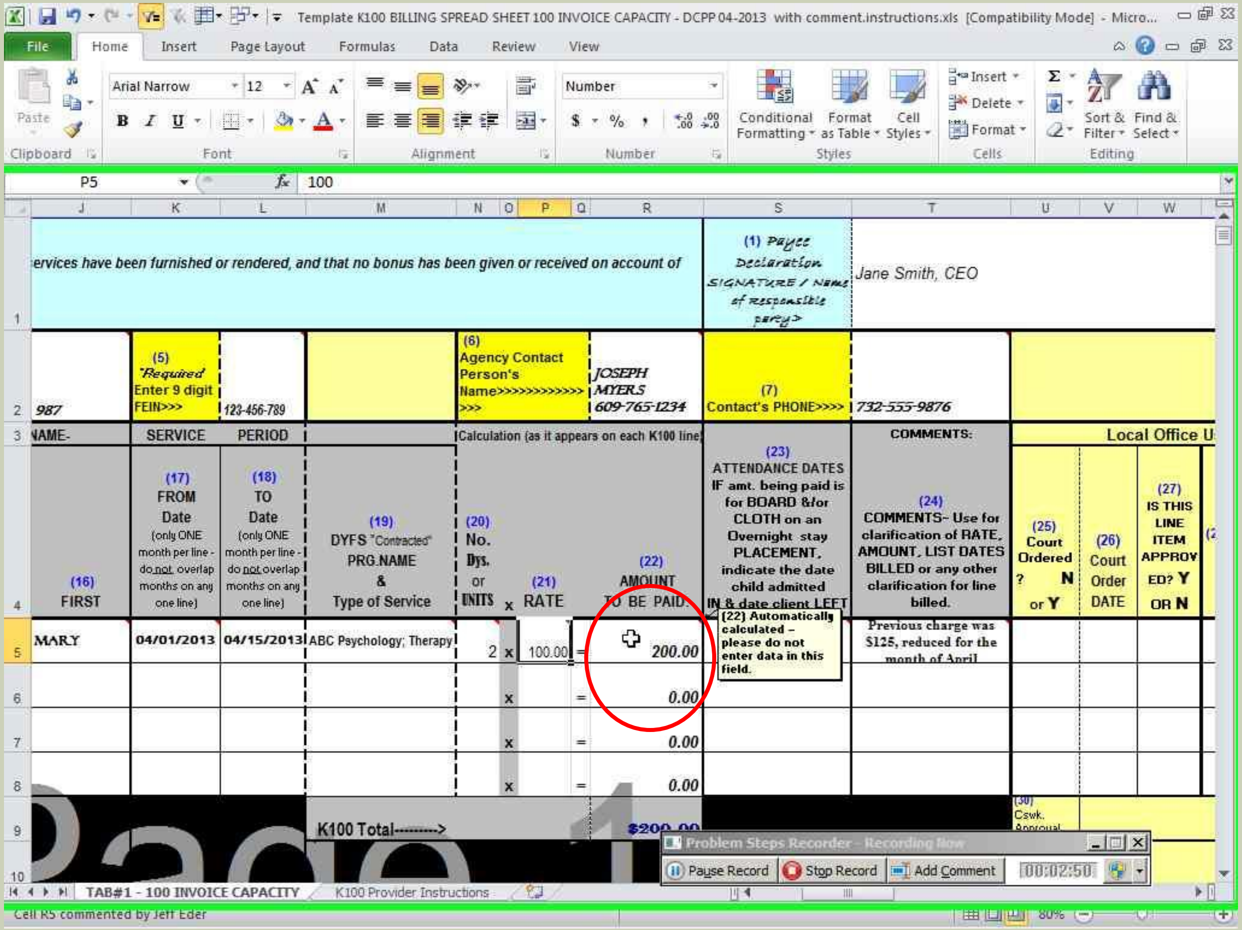
Template K100 BILLING SPREAD SHEET 100 INVOICE CAPACITY - DCPP 04-2013 with comment.instructions.xls [Compatibility Mode] - Micro...
M5
ABC Psychology; Therapy
ervices have been furnished or rendered, and that no bonus has been given or received on account of
(1) Payee Declaration SIGNATURE / Name of responsible party>
Jane Smith, CEO
(5) Required Enter 9 digit FEIN>>>
123-456-789
(6) Agency Contact Person's Name>>>>>>>>>>>>>>
JOSEPH MYERS 609-765-1234
(7) Contact's PHONE>>>>
732-555-9876
NAME-
SERVICE PERIOD
Calculation (as it appears on each K100 line)
COMMENTS:
Local Office U
(16) FIRST
(17) FROM Date (only ONE month per line - do not overlap months on any one line)
(18) TO Date (only ONE month per line - do not overlap months on any one line)
(19) DYFS "Contracted" PRG.NAME & Type of Service
(20) No. Dys. or UNITS
(21) RATE
(22) AMOUNT TO BE PAID:
(23) ATTENDANCE DATES IF amt. being paid is for BOARD &/or CLOTH on an Overnight stay PLACEMENT, indicate the date child admitted IN & date client LEFT
(24) COMMENTS- Use for clarification of RATE, AMOUNT, LIST DATES BILLED or any other clarification for line billed.
(25) Court Ordered ? N or Y
(26) Court Order DATE
(27) IS THIS LINE ITEM APPROVED? Y OR N
MARY
04/01/2013
04/15/2013
ABC Psychology; Therapy
2
200.00
4/4/2013, 4/11/2013
Previous charge was $125, reduced for the month of April
(20) Enter the number of Units, Hours, Sessions (if support services) or DAYS if billing is for overnight stay Board
0.00
0.00
0.00
K100 Total-------->
$200.00
Problem Steps Recorder
Pause Record
Stop Record
Add Comment
TAB#1 - 100 INVOICE CAPACITY
K100 Provider Instructions
Cell N5 commented by Jeff Eder

(21) RATE

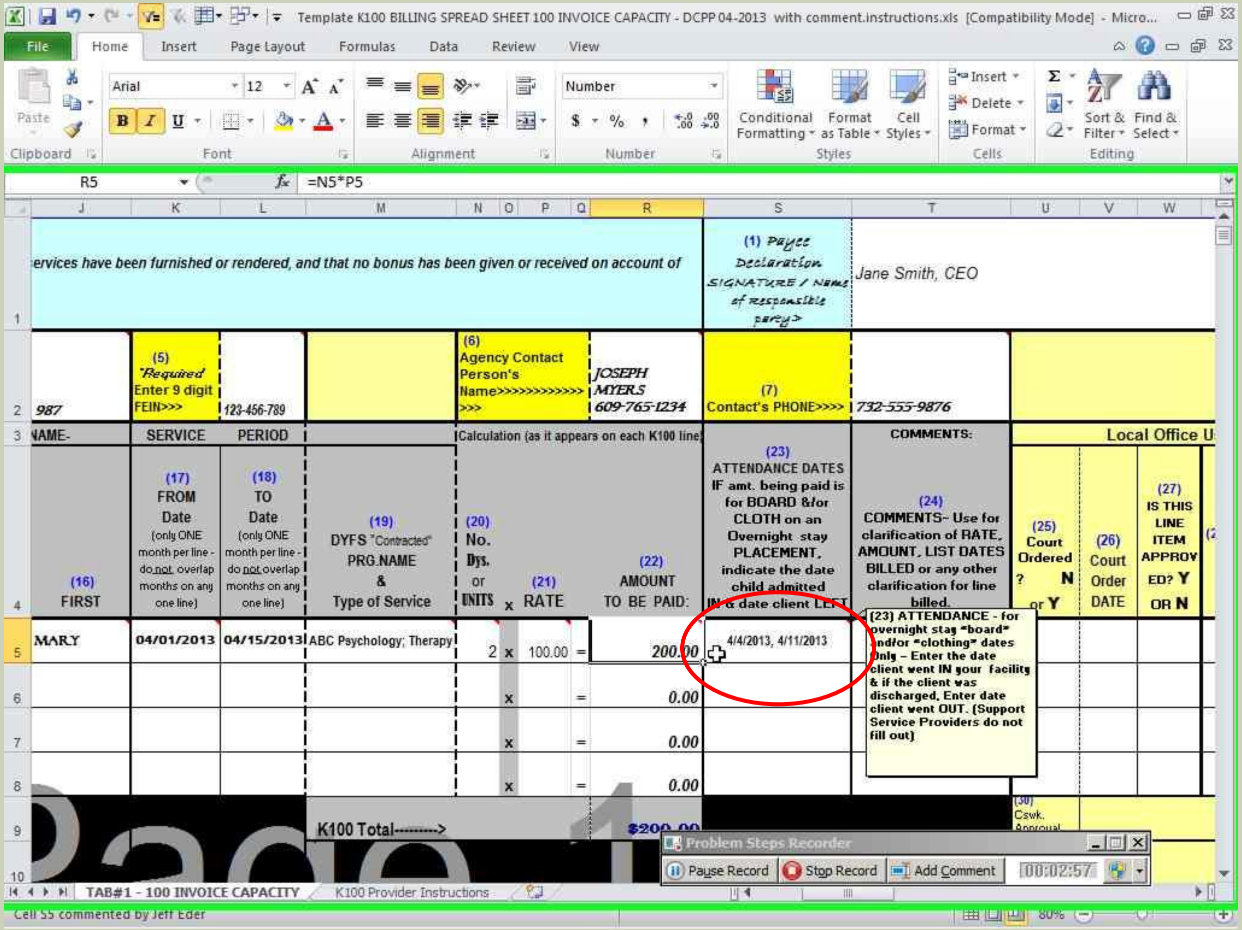


Template K100 BILLING SPREAD SHEET 100 INVOICE CAPACITY - DCPP 04-2013 with comment.instructions.xls [Compatibility Mode] - Micro...
(1) Payee Declaration SIGNATURE / Name of responsible party>
Jane Smith, CEO
(5) "Required" Enter 9 digit FEIN>>>
123-456-789
(6) Agency Contact Person's Name>>>>>>>>>>>>>>>
JOSEPH MYERS 609-765-1234
(7) Contact's PHONE>>>>
732-555-9876
(20) No. Dys. or UNITS
(21) RATE
(22) AMOUNT TO BE PAID:
(21) Enter the contracted RATE you are billing at.
MARY
04/01/2013
04/15/2013
ABC Psychology; Therapy
100.00
4/4/2013, 4/11/2013
K100 Total-------->

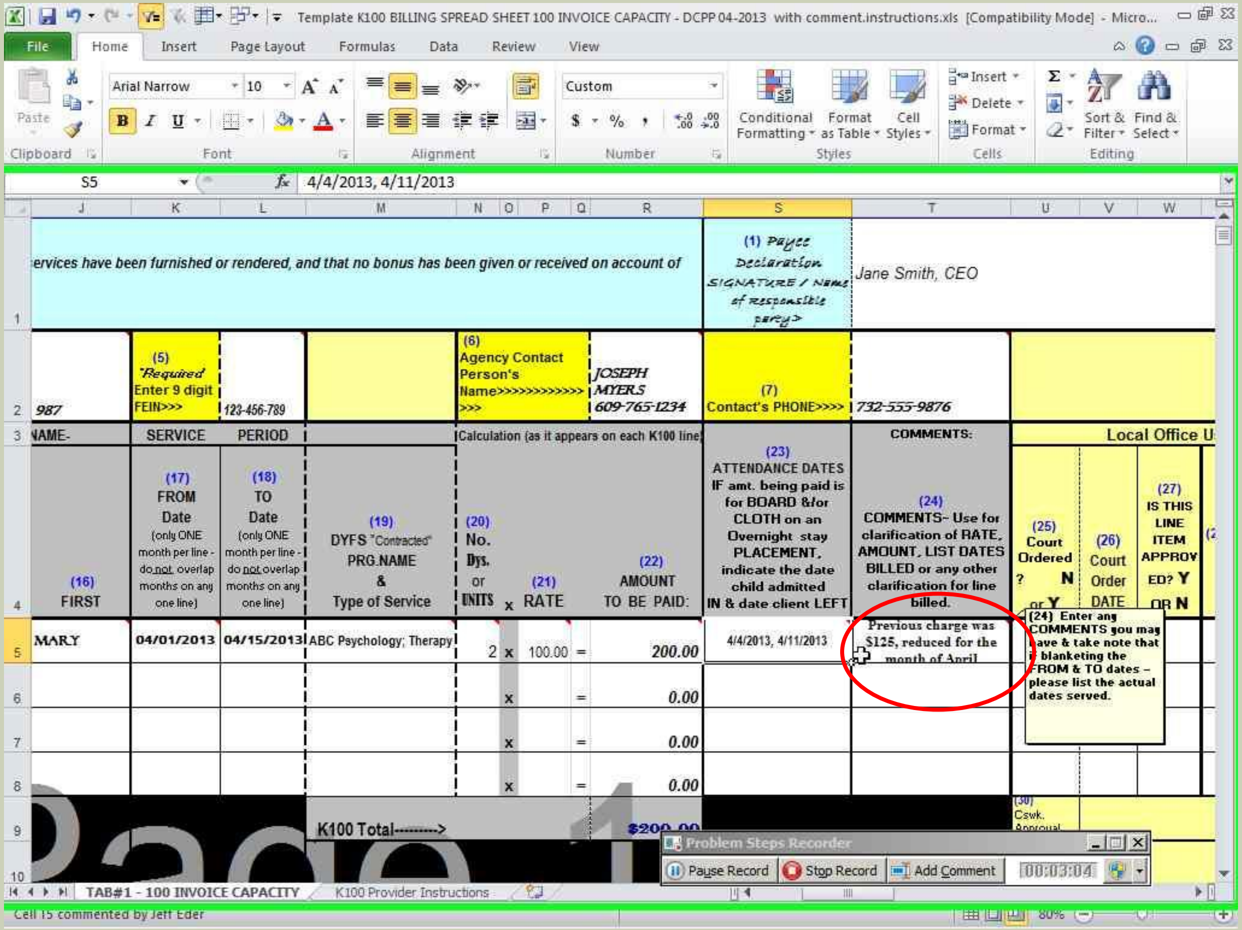
(22) AMOUNT TO BE PAID



(23) ATTENDANCE DATES



(24) COMMENTS



Template K100 BILLING SPREAD SHEET 100 INVOICE CAPACITY - DCPP 04-2013 with comment.instructions.xls [Compatibility Mode] - Micro...
4/4/2013, 4/11/2013
(24) COMMENTS- Use for clarification of RATE, AMOUNT, LIST DATES BILLED or any other clarification for line billed.
Previous charge was $125, reduced for the month of April
(24) Enter any COMMENTS you may have & take note that if blanketing the FROM & TO dates – please list the actual dates served.
Problem Steps Recorder
Pause Record
Stop Record
Add Comment