

Questionnaire: Baxter Invoice

Instructions: Please enter a numerical value only.

1. *What is your treatment plan case ID?*

Instructions: Please enter a numerical value. Decimal points are acceptable if needed.

2. *How many hours of service did you provide to the member for the month indicated?*

3. *What service are you invoicing for?*

(Please select one.)

- Group Therapy
- Medication Management
- Outpatient Therapy

4. *Select the billing invoice month:*

(Please select one.)

- January Invoice
- February Invoice
- March Invoice
- April Invoice
- May Invoice
- June Invoice
- July Invoice
- August Invoice
- September Invoice
- October Invoice
- November Invoice
- December Invoice

If you answered "January Invoice" on question 4

4.1.1. *Indicate the year you are invoicing for:*

(Please select one.)

- 2017
- 2018
- 2019
- 2020
- 2021
- 2022
- 2023
- 2024
- 2025
- 2026

- 2026

If you answered "February Invoice" on question 4

4.2.1. *Indicate the year you are invoicing for:*

(Please select one.)

- 2017
 2018
 2019
 2020
 2021
 2022
 2023
 2024
 2025
 2026

If you answered "March Invoice" on question 4

4.3.1. *Indicate the year you are invoicing for:*

(Please select one.)

- 2017
 2018
 2019
 2020
 2021
 2022
 2023
 2024
 2025
 2026

If you answered "April Invoice" on question 4

4.4.1. *Indicate the year you are invoicing for:*

(Please select one.)

- 2017
 2018
 2019

- 2020
- 2021
- 2022
- 2023
- 2024
- 2025
- 2026

If you answered "May Invoice" on question 4

4.5.1. *Indicate the year you are invoicing for:*

If you answered "June Invoice" on question 4

4.6.1. *Indicate the year you are invoicing for:*
(Please select one.)

- 2017
- 2018
- 2019
- 2020
- 2021
- 2022
- 2023
- 2024
- 2025
- 2026

If you answered "July Invoice" on question 4

4.7.1. *Indicate the year you are invoicing for:*
(Please select one.)

- 2017
- 2018
- 2019
- 2020
- 2021

- 2022
- 2023
- 2024
- 2025
- 2026

If you answered "August Invoice" on question 4

4.8.1. *Indicate the year you are invoicing for:*
(Please select one.)

- 2017
- 2018
- 2019
- 2020
- 2021
- 2022
- 2023
- 2024
- 2025
- 2026

If you answered "September Invoice" on question 4

4.9.1. *Indicate the year you are invoicing for:*
(Please select one.)

- 2017
- 2018
- 2019
- 2020
- 2021
- 2022
- 2023
- 2024
- 2025
- 2026

If you answered "October Invoice" on question 4

4.10.1. *Indicate the year you are invoicing for:*

4.10.1. *Indicate the year you are invoicing for.*

(Please select one.)

- 2017
- 2018
- 2019
- 2020
- 2021
- 2022
- 2023
- 2024
- 2025
- 2026

If you answered "November Invoice" on question 4

4.11.1. *Indicate the year you are invoicing for:*

(Please select one.)

- 2017
- 2018
- 2019
- 2020
- 2021
- 2022
- 2023
- 2024
- 2025
- 2026

If you answered "December Invoice" on question 4

4.12.1. *Indicate the year you are invoicing for:*

(Please select one.)

- 2017
- 2018
- 2019
- 2020
- 2021
- 2022
- 2023
- 2024

- 2025
- 2026

5. *Do you have a primary insurance reimbursement?*
(Please select one.)

- Yes
- No

If you answered "Yes" on question 5

5.1.1. *How much was reimbursed?*

Instructions: Please enter a numerical value. Decimal points are acceptable if needed.

6. *What is the total amount billed to the Baxter Fund (minus the primary insurance reimbursement) for the month indicated?*
