

**WRAPAROUND MILWAUKEE
INTEGRATED PROVIDER NETWORK INVOICE**

FOSTER/KINSHIP NAME: _____

ADDRESS: _____

PHONE #: _____

CLIENT NAME: _____

CLIENT SS#: _____

SERVICE MONTH/YEAR: _____

SERVICE CODE: _____ **5390/5392** _____

SERVICE NAME: _____ **FOSTER/KINSHIP** _____

PROVIDER NAME: _____

PLEASE ENTER THE NUMBER OF UNITS PROVIDED BY DATE IN THE APPROPRIATE BOX:

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

TOTAL UNITS: _____

SIGNATURE: _____

DATE: _____

PLEASE CONTACT JANET FRIEDMAN AT (414) 257-7597 WITH ANY QUESTIONS

PLEASE SEND THE INVOICE VIA FAX TO (414) 257-7575 OR MAIL TO:

**ATTN: FINANCE DEPARTMENT
WRAPAROUND MILWAUKEE
9201 WATERTOWN PLANK ROAD
MILWAUKEE, WI 53226**