

Utah State  
Department of Human  
Services  
Provider Service  
Invoice

Number  
of Pages:

Provider  
ID:

Return Address

Office Code:  
Office

Worker Name:

Office Address:  
City, State, Zip:

Worker EIN:

Provider Address:

Name of Provider:  
Address of Provider:  
City, State, Zip:

Month of Billing:

Provider:  
Enter the actual dates of service if different than those printed.  
Enter the actual number of units that you provided.  
ENTER AMOUNT and total each page.

Client/PID	Eligibility	Start Date	End Date	SVC	Unit of Service	Units	Rate	Subtotal	Initials

Page  
Total:  
Grand  
Total:

