

**MONTGOMERY COUNTY MENTAL HEALTH PROGRAM FUNDED SERVICES
BILLING PROCEDURES**

FORM MH PF1 is the invoice used for mental health program funded bills. The following information is required on the MH PF1 invoice form:

<u>ITEM</u>	<u>DESCRIPTION</u>
Invoice #	County office completes after invoice received from provider
Fiscal Year	Current fiscal year
Vendor #	Provider's vendor number from Financial Exhibit (6 digits)
Facility #	Provider's facility number from Financial Exhibit (8 digits and 3 letters)
Billing #	Provider's billing number from Sample Invoice Sheet (9 digits)
Service Mo/Yr	Month and year that service was delivered
Page of Invoice	Current page #; if multiple pages note page # of total # of pages
Provider	Contracted provider name
Program	Name of program or service
Contact	Staff submitting invoice
Phone	Phone number of staff
Email	Email address of staff

INVOICE

Current Month and Year to Date Expenses and reported on form and attach the following forms if appropriate: MH PF1 L – Labor expenses by staff MH PF1 R – Revenue (offsets) to the invoice

MH FFS 1 INVOICE

Providers are expected to report on individual clients and the amount of service (units) if possible for program funded services. If reporting occurs, please use the MH FFS1 Invoice form. If client is known to you (by name) but does not have a social security number, list Client First Name and Client Last Name and an Anonymous Consumer number in the MHX # field. If client is not known to you (by name) use "Anonymous" in the Client Last Name Field, and "Consumer" in the Client First Name Field, and an Anonymous Consumer number in the MHX # field.

GENERAL INFORMATION

Monthly invoices with dates of service for that month are due within 20 days after the month end.

Providers will be notified of denied invoices within 10 days of receipt of invoice by the County. The original invoice will be returned to provider with the Montgomery County Mental Health Billing Denial Notice that outlines reason(s) for denial. Providers resubmitting invoices should occur within 30 days after provider receives denial notice from County. If invoice is denied based on Exceeds Budget, a new invoice is to be submitted after provider receives a revised Financial Exhibit to cover costs of denied service(s).

Certification line is to be signed by authorized staff and mailed to:

Montgomery Co. Department of Behavioral Health/ Developmental Disabilities
1430 DeKalb Pike, P. O. Box 311
Norristown, PA 19404-0311
Attention: Fiscal Department
610-278-3640