State of Tennessee
Department of Children's Services

7th Floor Cordell Hull Building
436 6th Avenue North
Nashville, TN 37243-1290
1-800-600-4999

Standard Claim Invoice

Vendor Name _____
Vendor Address _____
_____
_____
City _____ State TN Zip _____
Vendor Tax ID _____ Provider Code: __
Contract Number _____ Rate: _____

Vendor Signature: _____
Print Name: _____
Date Signed: _____ Phone: ( ) -
Service Provider: _____

Total Amount of All Pages: _____

	Last Name	First Name	MI	Child SSN	Birth Date	Sex	Proc Code	Allot Code	County Code	CFA Y/N	Vendor Invoice #	Service Start Date	Service End Date	Unit	Amount
A															$ 0.00
B															$ 0.00
C															$ 0.00
D															$ 0.00
E															$ 0.00
F															$ 0.00
G															$ 0.00
H															$ 0.00
I															$ 0.00
J															$ 0.00
K															$ 0.00
L															$ 0.00
M															$ 0.00
N															$ 0.00
O															$ 0.00
P															$ 0.00
Q															$ 0.00
R															$ 0.00
S															$ 0.00
T															$ 0.00

Page _____ of _____ Page Total _____

DCS Case Manager _____ Date _____ Position # _____ Print Name _____ Phone ( ) -
DCS Case Supervisor _____ Date _____ Position # _____ Print Name _____ Phone ( ) -
DCS Signature _____ Date _____ Position # _____ Print Name _____ Phone ( ) -
Pre-Audit _____ Date _____ Position # _____ Print Name _____ Phone ( ) -

CS-0493