Respite and Substitute Care Reimbursement Voucher

Alta Mira Specialized Family Services

1605 Carlisle NE ♦ Albuquerque, NM 87110 ♦ (505) 262-0801

FOR OFFICE USE

- ☐ DD Waiver
- ☐ State General Funds
- ☐ Substitute Care
- ☐ Other Billing
- ☐ Supports Waiver

Vouchers and Monthly Notes are due to Alta Mira office by the 1st of the month or payment may be delayed until the following month.

Provider: **Phone #:**	**Monthly Notes attached?** ☐ Payment will be delayed if Notes are not attached.
Address: **City:** **Zip:**	
Participant:	**Medicaid Waiver Respite:** Group ☐ Individual ☐

Changes or corrections must be initialed by the parent/guardian/family living provider.

NOTE: "NOON"=12 PM and "MIDNIGHT"=12 AM

Parent, Guardian, or Family Living Provider: *I verify that this information is true to the best of my knowledge.*

Date	From	To	Total Hours	OFFICE USE ONLY	
	AM	AM			Signature:
	PM	PM			
	AM	AM			Signature:
	PM	PM			
	AM	AM			Signature:
	PM	PM			
	AM	AM			Signature:
	PM	PM			
	AM	AM			Signature:
	PM	PM			
	AM	AM			Signature:
	PM	PM			
	AM	AM			Signature:
	PM	PM			
	AM	AM			Signature:
	PM	PM			
	AM	AM			Signature:
	PM	PM			
	AM	AM			Signature:
	PM	PM			
	AM	AM			Signature:
	PM	PM			

Provider Certification: *I certify that I provided the services as recorded above and that this voucher is accurate and true. I understand that vouchers turned in to the Alta Mira office after the monthly due date will result in a delay in payment.*

Provider Signature: ______________________________ Date: ____________

Revised 9/2022