Self-Direction Invoice

Fax: 1-866-302-6787 Mail: Xerox PO Box 27460 Albuquerque, NM 87125

Provider Agency: **ALTA MIRA**

Is this a correction to a PRIOR invoice? ☐ **Date of Invoice:** **Total Invoice:** $0.00

Participant:	**Date of Birth:**	**Rate per Unit:**

Date	Service Code	Description	# of Units	Total Charges	Client Present
	T2033	In Home Living Supports		$0.00	☐
	T2033	In Home Living Supports		$0.00	☐
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	T2033	In Home Living Supports		$0.00	☐
		Total:	0	$0.00	

Vendor **Signature:**	**Date:**