

## WRAPAROUND MILWAUKEE INTEGRATED PROVIDER NETWORK INVOICE

FOSTER/KINSHIP NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PHONE #: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

SERVICE MONTH/YEAR: \_\_\_\_\_

SERVICE CODE: 5390/5392

SERVICE NAME: FOSTER/KINSHIP

PROVIDER NAME: \_\_\_\_\_

PLEASE ENTER THE ATTENDANCE CODE FROM THE LIST BELOW IN THE APPROPRIATE DATE OF SERVICE BOX:

- A - Attended
- D - Detention
- H - Home Pass
- I - Inpatient
- P - Preplacement
- R - Runaway

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

TOTAL DAYS \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PLEASE CONTACT KENYATTA BRYANT (414) 257-7597 WITH ANY QUESTIONS

PLEASE FAX INVOICE TO (414) 257-7575 OR MAIL TO:

MILWAUKEE COUNTY - BHD - WRAPAROUND  
 9455 WATERTOWN PLANK ROAD  
 MILWAUKEE, WI 53226