### Billing Instructions for Electronic Invoicing Submission For U.S. Probation & Pretrial Services - Middle District of Florida

Referrals for services are made on the Treatment Services Contract Program Plan (Prob. 45). **You must have a Prob. 45 on file to bill for a service.** The Prob. 45 must be dated prior to the first date of service.

**If your agency is providing services under more than one Contract# or BPA#, separate invoices must be submitted for each Contract# or BPA#.** All clients receiving services under a Contract# or BPA# should be included on one invoice. Please do not submit a separate invoice for each client. Pretrial cases are designated as Pretrial on the Prob. 45. Post Conviction cases are designated as Post Conviction on the Prob. 45. The following Budget Operating Codes (BOC) will be listed on Part A of the invoice in conjunction with each Contract Number or BPA Number. Please be sure to use the correct invoice showing the correct BOC.

## **BOC 2527 - All Pretrial Clients**

BOC 2526 - Post Conviction Drug BOC 2530 - Post Conviction Mental Health BOC 2548 - Post Conviction Sex Offender

To submit an invoice electronically, you will need to go to: <u>https://serviceproviders.uscourts.gov</u> (This link will also be provided in the initial email you get with your username and password.)

## Login Info

- Enter username and password. The original password is temporary and you will be prompted to change it the first time you log in.
- Fill out demographic/identifying info. (will only need to be done the first time you log in)
- Accept Terms & Conditions.



\*\* Generate and complete the two-part U.S. Courts invoice (Part A & Part B) Excel spreadsheet each month by doing the following:

(Note: Best practice is to generate a new invoice each month vs. working from a past month's bill due to the complicated formulas imbedded within the spreadsheet)

• Click Generate Blank Invoice Template at the top left portion of the screen.

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• Make selections in the following dropdowns:

Date Service Provider & Contract Treatment Type & BOC Purchase Order Number & Date & BOC

- Click Generate
- Part B (Prob. Detail). Enter the client name, PACTS #, and add all services for the month by date of service. You only need to list the client's name and PACTS # once for each client. Once finished, skip a line before entering the next client. The services and copayments that you enter here will transfer to Part A (Prob. Summary). \*\*\*\*Clients shall be listed in alphabetical order.

	2.CLIENT	3. DATES OF	4. SERVICE	5. QUANTITY		6. UNIT				CO-PAY		CO-PAY
1.CLIENT NAME	NUMBER	SERVICE	RENDERED	(UNITS)		PRICE		7. COST	RE	QUIRED	RE	CEIVED
					\$	-	\$	-	\$	-	\$	-
Brown, David	2862043	7/3/2019	2010	2.00	\$	35.00	\$	70.00	\$	-	\$	-
		7/24/2019	2021	3.00	\$	13.00	\$	39.00	\$	5.00	\$	5.00
		7/31/2019	2021	3.00	\$	13.00	\$	39.00	\$	-	\$	-
		7/23/2019	1010	1.00	\$	5.00	\$	5.00	\$	-	\$	-
					\$	-	\$	-	\$	-	\$	-
Ceasar, Betty	6020103	7/3/2019	2021	2.00	\$	13.00	\$	26.00	\$	-	\$	-
		7/17/2019	2021	2.00	\$	13.00	\$	26.00	\$	-	\$	-
		7/24/2019	2021	3.00	\$	13.00	\$	39.00	\$	25.00	\$	25.00
		7/10/2019	1010	1.00	\$	5.00	\$	5.00	\$	-	\$	-
		7/16/2019	1010	1.00	\$	5.00	\$	5.00	\$	-	\$	-
		7/29/2019	1010	1.00	\$	5.00	\$	5.00	\$	-	\$	-
					\$	-	\$	-	\$	-	\$	-
Doe, Johnathan	3895813	7/18/2019	2010	2.00	\$	35.00	\$	70.00	\$	-	\$	-
					¢	-	¢	-	¢	-	¢	-

• Do not enter 1501 (Administrative Fee) in Part B (Prob. Detail) for each client. This project code will calculate automatically in Part A based on the copayments entered in Part B (Prob. Detail).

Part A: Be sure to enter the information listed at the top of this page.

- Judicial District: Florida Middle or MD/FL 1.
- Vendor (will be filled in) 2.
  - a. Address
  - b. Telephone
- 3. BPA (will be filled in)
- Service Delivery: billing month ex. 10/01/2018 10/31/2018
   Total # of Individuals Served

AT	E: 08/05/2019				PAGE_1_OF_2_
		ADMINISTRATIVE OF	FICE OF THE UN		OURTS
	BOC: 2526		(PART A)		
_			(FART R)		
	Judicial District	Fiorida Middle		3. B.P.A.#	113A-2019-T81A
	Vendor	Miscellaneous Treatment	t, and.	4. Service Delivery:	7/1/19-7/21/19
	a. Address:	246 N 22nd St.		Dentery.	THE STATES
		Tampa, FL 33614		6. Total #	
				Individuals	
	b. Telephone:	(813)222-1344		Served:	
			Authorized Administ	with:	-
					-
	8. PROJECT CODE	7. QUANTITY	Authorized Administ		-
	1010	4	Authorized Administ	with:	+
	1010	4	Authorized Administ	9. TOTAL PRICE	+
	1010 1201 1202	4	Authorized Administ	9. TOTAL PRICE	+
	1010 1201 1202 1202 1501	4	Authorized Administ	9. TOTAL PRICE	+
	1010 1201 1202	4	Authorized Administ	9. TOTAL PRICE	
	1010 1201 1202 1501 1504	4	Authorized Administ 8. UNIT PRICE 5.00	NOTAL PRICE 20.00	
	1010 1201 1202 1501 1504 2010 2011 2011 2021	4	Authorized Administ 8. UNIT PRICE 5.00	NOTAL PRICE 20.00	
	1010 1201 1202 1501 1504 2010 2011 2021 2022	4	Authorized Administ 8. UNIT PRICE 5.00 35.00	9. TOTAL PRICE 20.00 140.00	
	1010 1201 1202 1501 1504 2010 2011 2021 2022 2022	4	Authorized Administ 8. UNIT PRICE 5.00 35.00	9. TOTAL PRICE 20.00 140.00	
	1010 1201 1202 1501 1504 2010 2011 2021 2022 2030 5014	4	Authorized Administ 8. UNIT PRICE 5.00 35.00	9. TOTAL PRICE 20.00 140.00	
	1010 1201 1202 1501 1504 2010 2011 2021 2022 2022	4	Authorized Administ 8. UNIT PRICE 5.00 35.00	9. TOTAL PRICE 20.00 140.00	
	1010 1201 1202 1501 1504 2010 2011 2011 2021 2022 2030 5011 6000	4	Authorized Administ 8. UNIT PRICE 5.00 35.00	9. TOTAL PRICE 20.00 140.00	
	1010 1201 1202 1501 1504 2010 2011 2022 2030 2030 5011 6000	4 13 13	Authorized Administ 8. UNIT PRICE 5.00 35.00	9. TOTAL PRICE 20.00 140.00	
	1010 1201 1202 1501 1504 2010 2011 2021 2022 2030 5011 6000 6015	4 13 13	Authorized Administ 8. UNIT PRICE 5.00 35.00	9. TOTAL PRICE 20.00 140.00	
	1010 1201 1202 1501 1504 2010 2011 2021 2022 2030 5011 6000 6015	4 13 13	Authorized Administ 8. UNIT PRICE 5.00 35.00	9. TOTAL PRICE 20.00 140.00	
	1010 1201 1202 1501 1504 2010 2011 2021 2022 2030 5011 6000 6015	4 13 13	Authorized Administ 8. UNIT PRICE 5.00 35.00	9. TOTAL PRICE 20.00 140.00	
	1010 1201 1202 1501 1504 2010 2011 2021 2022 2030 5011 6000 6015	4 13 13	Authorized Administ 8. UNIT PRICE 5.00 35.00	9. TOTAL PRICE 20.00 140.00 169.00	
	1010 1201 1202 1501 1504 2010 2011 2021 2022 2030 5011 6000 6015	4 13	Authorized Administ 8. UNIT PRICE 5.00 35.00	9. TOTAL PRICE 20.00 140.00 169.00 329.00	
	1010 1201 1202 1501 1504 2010 2011 2021 2022 2030 5011 6000 6015		Authorized Administ 8. UNIT PRICE 5.00 35.00 13.00	9. TOTAL PRICE 20.00 140.00 169.00	



#### Submitting Invoices Electronically

- Select Compose
- For Pretrial Invoices: Select Erika Gosselin from the Probation/Pretrial Staff drop down box and then select Add.
- For Post Conviction Invoices: Select either Deanna Miller, Roy Barcomb, or Derek Rossi (depending on who your Billing Point of Contact is) from the Probation/Pretrial drop down box and then select Add.
- In the subject box enter **vendor name, contract number, and the month of service** the invoice is for. (This helps us to identify the bills in the inbox quickly and accurately)
- Attach invoice in Excel format. \*\* Must be in Excel format, not PDF format \*\*
- Send

# Invoices and required supporting documents are due no later than the tenth (10<sup>th</sup>) day of the following month.

## Submitting Invoices & Supporting Documents via U.S. Mail

- You must also submit an original, U.S. Courts Treatment Services Invoice (Part A & Part B) each month with an authorized administrator signature via U.S. Mail. The following supporting documents need to be included with the invoice:
  - 1. One copy of each client's Monthly Treatment Log (MTL) with barcode labels affixed to the MTL
  - 2. Original urinalysis sign-in sheets
  - 3. Completed evaluations
  - 4. 90-day treatment plans
  - 5. Discharge summaries for clients that are terminated
- Supporting documents are required to be separated by document type (not grouped by client) and alphabetized. Please see below for examples.
  - 1. All MTLs (Monthly Treatment Logs) should be grouped together and alphabetized.
  - 2. All urinalysis logs should be grouped together and alphabetized.
  - 3. All evaluations should be grouped together and alphabetized.
  - 4. All 90-day treatment plans should be grouped together and alphabetized.
  - 5. All discharge summaries should be grouped together and alphabetized.
- Mailed invoices & supporting documentation should arrive no later than the tenth (10th) day of the month for services provided during the preceding month to:

**Pretrial Invoices:** Erika Gosselin, U.S. Pretrial Services, 500 E. Zack Street, Suite 301, Tampa, FL 33602

**Post Conviction Invoices:** Deanna Miller, Roy Barcomb, or Derek Rossi, U.S.

Probation, 4014 Gunn Hwy, Suite 250, Tampa, FL 33618

## **Contact Information**

For **Pretrial** billing questions, please call Erika Gosselin at 813-865-9403 or email at <u>Erika\_Gosselin@flmpt.uscourts.gov</u>. For general contract information, please call Vanessa Mendez at 813-865-9419 or email at <u>Vanessa\_Mendez@flmpt.uscourts.gov</u>

For **Post Conviction** billing questions, please call Deanna Miller at 813-269-3215 or email at Deanna Miller@flmp.uscourts.gov, Roy Barcomb at 813-301-5767 or email at Roy\_Barcomb@flmp.uscourts.gov, or Derek Rossi at 813-301-5889 or email at Derek Rossi@flmp.uscourts.gov. For general contract information, please call Beau Krueger at 813-301-5843 or email at Beau\_Krueger@flmp.uscourts.gov.