

<u>eBilling Training</u> For the Vendor Invoicing







How to Search for an Invoice

- 1. Select or enter the appropriate service provider number on the home screen.
- 2. Select the <u>Invoices tab</u>. *TIP: If you would like to search for an invoice that has been submitted select the <u>Invoice History subtab.</u>*
- 3. Enter the search criteria. If you would like to pull up all available invoices then leave the search criteria blank.
- 4. Click the SEARCH button.
- 5. The search summary results will appear on the bottom half of the screen.

	Invoice Se	Invoice H	istory	Noice XML		A Service	Provider <i>I</i>	Management	Administ	#2 Click the SEARCH button.	
#1 Ente search criteria	Invoic			Service Co	ode:		•	Invoice Date:		Search Clear	
	Invoice #	Service Code	Service M/Y	UCI#	Consumer Name		Invoice Date	Updated Date	Time Upda	ted By	;

eBilling 🔺 system Invoices How to View an Invoice 1. After you've searched for the invoice you would like to view, 2. Click the invoice. 3. You will now be able to view the invoice detail lines in VIEW ONLY mode. 4. To view an invoice in EDIT/UPDATE mode you will need to click the EDIT button on the right side of the invoice line. 🖉 EDIT Click anywhere on the invoice line to view in VIEW ONLY MODE. Click the EDIT button to Service Service Invoice Invoice # UCI# Consumer Name Code M/Y Date view in EDIT/UPDATE XXXX, ANGELINE 2010-08mode. The EDIT button

is on the right side of the invoice line.

			Internet Exp	lorer						
		.125/invoices/								<u> </u>
eB	illing	syster	n Yo	ur selected se	rvice provider is: FHAR-HAMLE	ET STREET HOUSE (H1214	5)			Help Logout
	Home		Invoices	S Paym	ents 🖬 Reports					
				Invoice XML						User: mholland
Inv	voice Se	arch								
-									-	
	Invoice	#:		Service Co	de:	- Inv	oice Date:	Search		
	Service M	/Y: 10/20	010	UC	1#:			Clear		
		-						London and		
In	voice #	Service Code	Service M/Y	UCI#	Consumer Name	Invoice Date	Updated Date-Time	Updated By		
0	601541	915	10/2010			2010-10- 28				
										\smile
									Internet	t 100% ▼ //

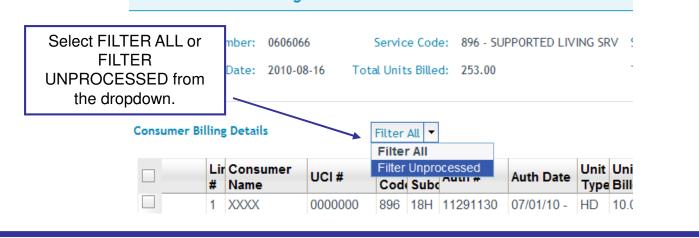
		Number: 0601 ice Date: 2010				e: 915 - RE d: 3.00	S FAC ADULT	\$-\$0			ear: 09/2			
onsi	umer Bil	ling Details		Filt	er All 💌									
	Line #	Consumer Name	UCI#		SVC Subco	Auth #	Auth Date		Units Billed	Days Attend	Gross Amount	Net No Amoun Se De	Updated Date/Time	
	1	JUS	-	915	L4B	11301265	08/01/10 - 07/31/13	-	1.00	6	3068.81	3068.8	2010-10- 13 03:11:14	
	02	MARIANNE	-	915	L4B	11293962	07/01/10 - 01/31/13	М		0				
	03	CHERIE		915	L4B	11268737	07/01/10 - 09/30/11	М		0				
	4	CHRISTINE	~	915	L4B	11293849	07/01/10 - 01/31/13	М	1.00	30	3068.81		2010-10- 13 03:22:10	
	5	BRÖCK		915	L4B	11299488	07/01/10 - 05/31/13	М	1.00	30	3068.81		2010-10- 13 03:24:47	
	6	DEMETRIUS		915	L4B	11297089	07/01/10 - 03/31/13	м	0.00	13	0.00	0.00	2010-10- 13 03:25:45	

<u>Invoices</u>

eBilling 🔺 system

How to Filter Invoice Lines

- 1. Select the invoice you would like to view or update/edit.
- 2. Choose FILTER ALL or FILTER UNPROCESSED from the drop down in the top middle of the screen.
- 3. FILTER ALL will allow you to see all the invoice lines.
- 4. FILTER UNPROCESSED will allow you to only see the unprocessed invoice lines. Service Provider Billing Details



	_		- Windows Inter													× DI_
			125/invoices/invoice system		lected s	service p	provider is: F	HAR-HAMLE	T STR	EET HOU	SE (H121	145)				Help Logout
*			Invoi		S Payr		Re Re									
Invoi			Invoice Histor					eports								User: mholland
Serv	ric	e Pr	ovider Billin	ng Details	5											
	In	velee	Number: 0601	1247	5.00	den Cad	015 05	S FAC ADULT	× 50	Consiste	Heath (V	00/	2010			
	m		ce Date: 2010				d: 3.00	S FAU ADULI	5-50			led: 728				
Consu	um	er Bil	ling Details		Filt	er Unpro	ocessed 💌	$\mathbf{)}$								
		Line	Consumer	UCI#	SVC	SVC	Augh #	Auth Data	Unit	Units	Days	Gross	Net	Non	Updated Date/Time	
	0	#	Name	001#	915	Subco	Auth #	Auth Date 07/01/10 -	-	Billed	Attend 0	Amount	Amour	Se	Date/Time	
			MARIANNE					01/31/13								
	Ű	3	CHERYL		915	L4B	11208/3/	07/01/10 - 09/30/11	M		0					
No	S.	rvice	Defer Caler	adar Tomolat		d Invoice	Line Subr	mit Print In	unico f	lataile						
140	36	awce	Deler Caler	ndar Templat	A0	A INVOICE	Supr	Print In	Noice L	/etans						





There are now four calendar types. If you think your calendar type is incorrect, please contact your Ebilling contact.

Type of Calendar	Service Type
Check Box	Monthly (B & C homes)
Units Calendar	Non-Monthly or Daily
Units with In and Out Times and Worker Name	Hourly, Session, or Visit
Purchase Reimbursement	Per Item or Variable

8

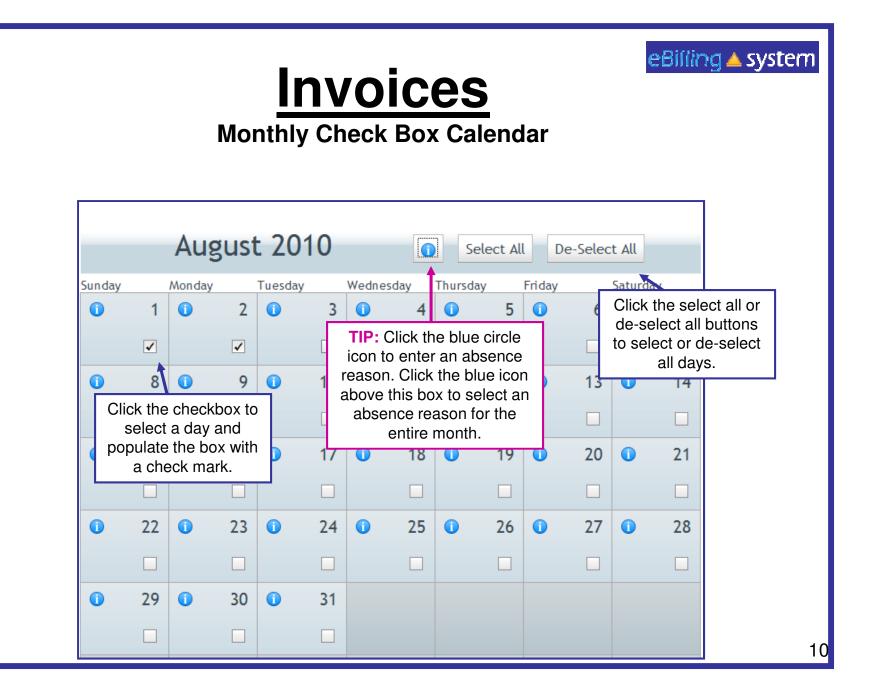




The check box calendar type has boxes that are selected with a cursor and are filled with a check mark.

- 1. Place your cursor in the check box.
- 2. Click on the check box.
- 3. A check mark will appear selecting the appropriate day.
- 4. To populate all days of the month click SELECT ALL button.
- 5. To unselect all days of the month, click the DE-SELECT ALL button.
- 6. Click the UPDATE or UPDATE NEXT button to save your changes.





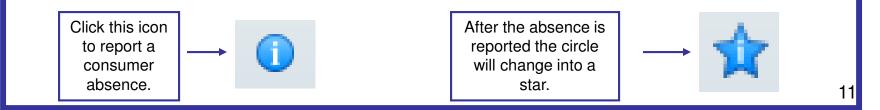




Monthly Checkbox Calendar Absences and Absence Reasons

On the Checkbox type calendar you have the option of entering an absence for consumers. You must be viewing the invoice detail line in the EDIT/UPDATE mode.

- 1. Click on the Blue Circle "I" icon. TIP: To apply an absence reason to the entire month make sure you select the icon at the top of the calendar. To apply an absence reason to individual day make sure to choose the icon on the day you would like to report the absence.
- 2. Select an absence reason from the drop down menu. Click OK.
- 3. The Blue Circle "I" icons will turn into blue stars for all days with reported absences. Click the UPDATE button to save changes.



Billing		invoices/att /stem			lected s	ervice p	rovide	r is: FH	AR-HAM	LET STREET HO	ISE (H12145)					Help Logou
Hon	ne	In In	volces		🕄 Pay	ments	16	Rep	orts							
Con	lnv sumer N horizati	olce Hist	tory 130126	5	ice XM	L Upload Ser	vice (JCI #: lode:	- HALT	s FAC ADULTS-SO Y	Service Su	/Line #: 0601810 / 1 ubcode: L4B we Date: 2010-10-28				User: mhollan
			ver 20 ⁻	mbe 10	er			0	Select A	JI De-Select A	n	Invoice Details	Def	er (Regend	erate Invoice	
unday		Monday		Tuesday		Wednes	day	Thursd		Friday	aturow	Last Month of	Line)			
		0	1	0	2	0	3	0	4	0 5	• 6	Service ?	Exit D	ate:		
					1		Ad	ditiona	Inform	ation		Ommary				
0	7	0	8	0	9	0			option a Reason:	nd click ok to po	ulate the enti	re calendar.	3068.8	/ 4 [Days	
0	14	0	15	0	16	0	4	Ok		Absent Facility			\$ 3068	8.81		
										Closed Hospitalized		Received Revenue Details				
0	21	0	22	0	23	0	24	0	25	Jail Paid Holiday	27	4	0.00			
•										Vacation			0.00			
												Total Received Revenue:	\$0.00			
0	28	0	29	0	30							Net Amount:	\$ 3068	8.81		
												Overage Reason:			w	
														Updat		ext Close

Billing Rede http://158.96.				Contract of the local division of the local	nvoicedet	id=36893	Sinvoiceid	=243984	pdatemode	=Y8status	-08errms	ig-			
eBilling	S 🔺	ystem		Your set	lected s	ervice	provider	ris: FH	IAR-HAM	LET STR	ЕЕТ НО	DUSE (H	12145)		Help Logout
A Hom		📑 In			9 Pay			Rep	ports						
Invoice		voice His			ice XM	L Upload								1 12 12	User: mholland
		ion #: 1)ates: 0			1/13	5			915 - RES MONTHL		ULTS-S	0 5		ibcode: L4B e Date: 2010-10-28]
_		No	ver	mbe	er			0	Select A	JI De	e-Select	All	_	Invoice Details	
_			20	10										Full Month Service	
Sunday		Monday		Tuesday	y	Wedne	sday	Thurs	day	Friday		Saturda	y	No Service	Defer (Regenerate Invoice Line)
		0	1	0	2	0	3	0	4	0	5	*	6	Last Month of Service ?	Exit Date:
			~				1		1		1	\sim		Invoice Line Summary	
*	7	Ŷ	8	Ŷ	9	0	10	0	11	0	12	0	13	Total Units:	0 / 26 Days
															"Pro-ration will occur if full month checkbox and sufficient days not selected.
0	14	0	15	0	16	0	17	0	18	0	19	0	20	Unit Rate:	3068.810
														Gross Amount: Received	\$ 0.00
0	21	0	22	0	23	0	24	0	25	0	26	0	27	Revenue Details	
					~						V			-	0.00
0	28	0	29	0	30									4	0.00
Č.	~	Č.	2	Ŭ										Total Received Revenue:	\$0.00
-	•		•		•									Net Amount:	s 0.00
															Pro-ration will occur if full month checkbox and sufficient days not selected.
														Overage Reason:	•
															Update Update-Next Close
															🕒 Internet 🗮 100% •





In the following cases the payment will need to be prorated:

- ✓ The authorization starts or stops mid-month
- The last exit date is prior to the last day of the month
- The consumer is absent from the facility greater than fourteen days during the month.

NOTE: For residential services, if a consumer exits the facility during the month, please enter the last night of service as the exit date.

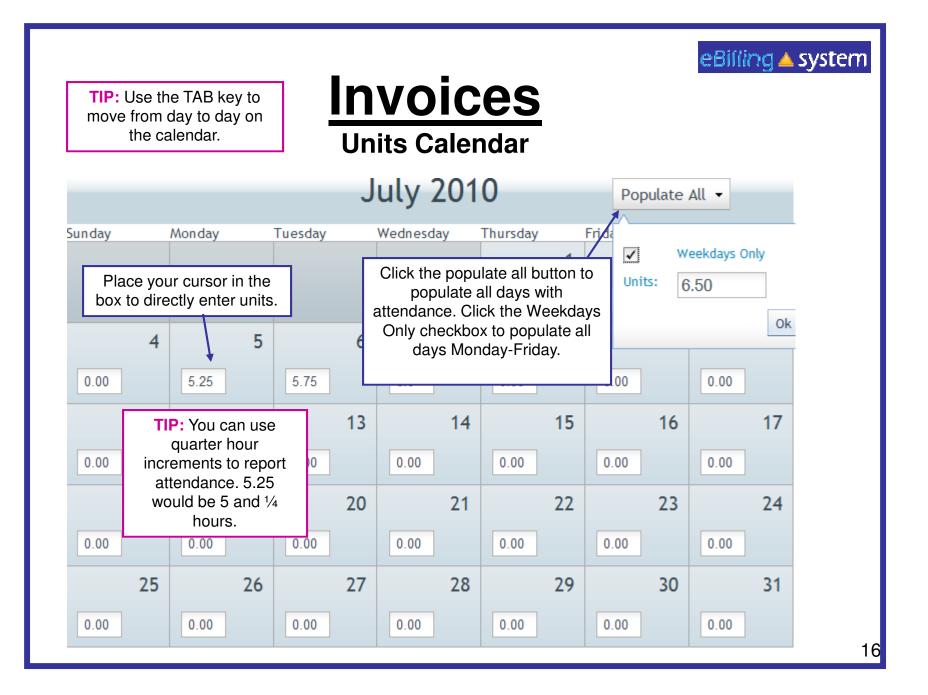
A prorated payment will show as zero and Alta Regional Center will calculate the payment based on attendance.

Invoice Details		
Full Month Service		
No Service	Defer (Regenerate Invoice Line)	
Last Month of Service ?	Exit Date:	
Invoice Line Summary		
Total Units:	O / O Days *Pro-ration will occur if full month checkbox and sufficient days not selected.	
Unit Rate:	5033.060	
Gross Amount:	\$ 0.00	
Received Revenue Details		
-1	0.00	
-1	0.00	
4	0.00	
Total Received Revenue:	\$0.00	
Net Amount:	\$ 0.00 *Pro-ration will occur if full month checkbox and sufficient days not selected.	
Overage Reason:	•	4



The unit type calendar has boxes that will accept unit of service entries to record attendance.

- 1. Place you cursor in the unit box.
- 2. Enter the number of units. You may enter a number with up to two decimal points. *TIP: Break hours into quarter increments (ex. .25, .50, and .75)*
- 3. To populate all days of the month click the POPULATE ALL button.
- 4. Select the weekday's only check box if you would like to populate only weekdays (Monday through Friday).
- 5. Enter the appropriate number of units.
- 6. Click OK.
- 7. The calendar will be populated.
- 8. You can use the mouse or the tab key to move to each unit entry box on the calendar.
- 9. Enter or edit units directly in the units calendar entry box.
- 10. Click the UPDATE or UPDATE NEXT button to save your changes.



Invoices

Units Calendar with In and Out Times and Worker Name

The In and Out calendar type has a date and day for each day of the month, fields to enter the in time, out time, and the worker name. If the unit type is hourly, the units and amounts are automatically calculated; they will populate based on in and out times entered.

- TIP: If the units are not hourly, but per session, visit, etc. the units <u>will not</u> automatically calculate, but will need to be manually entered.
- Click in the <u>In Time</u> field and enter the time in four digit military time format. (ex. 1:15 PM would be 13:15, 9:45 AM would be 09:45, 8:00 AM would be entered as 08:00)
- 2. Tab or click in the <u>Out Time</u> field and enter the time in military time format.
- 3. Tab or click in the worker name field and enter the worker's name.
- 4. Click the UPDATE or UPDATE NEXT button after entering each client's billing information to save your changes.

	Uni	ts Ca	lendar v			CES ut Times and Wo		g 📥 system
Au	th Dates	: 07/01/	10 - 08/20/10	Uı	nits Type:	HRS-DIR F/F ONLY/MO	TIP: Check Unit ⁻ hourly, the Units will calculate when the t	automatically ime is entered
							on the cale	ndar.
					July	2010		
TIP: Y	ou can	use	In Time	Out Time	Amount	Worker Name		
	rter hou		9:15 AM	11:30 AM	43.65	Wendy Worker		~
increme attendar			1:00 PM	3:00 PM	38.80	Busy Bee		
would be		-	9:00 AM	11:00 AM	38.80	Wendy Worker		
0	9:15.		9:00 AM	11:00 AM	38.80	Wendy Worker		
2010-07-05	Mon	2.00	9:00 AM	11:00 AM	38.80	Use the tab key to mov	o from the In Time	
2010-07-06	Tue	0	3:30 PM	1845	0.00	Out Time, and Worker		
2010-07-07	Wed	2.00	1:00 PM	3:00 PM	38.80	needs to be entered in	n four digit military	
2010-07-08	Thu	0.00	12:00 AM	12:00 AM	0.00	time (ex. 6:45 PM wo		
2010-07-09	Fri	0.00	12:00 AM	12:00 AM	0.00	18:45	,	
2010-07-10	Sat	0.00	12:00 AM	12:00 AM	0.00	Tip: The Units and A		
2010-07-11	Sun	0.00	12:00 AM	12:00 AM	0.00	automatically o	calculating.	

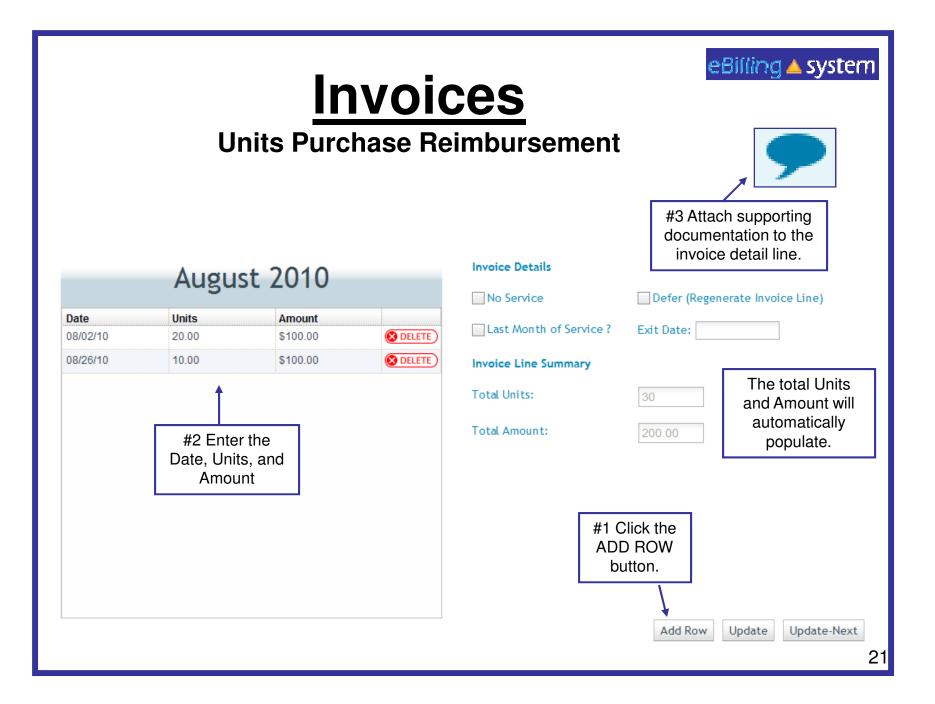
Home Invoice	Invoice	Invoice History	Invoice	Payments XML Upload	Rej	ports			User: mhollan
irid Calen	dar Da	ata Entr	у						Previous Next
Consum	er Name	¢			UCI#:		Invoice #/Line #:	0601517 / 1	1
Authori	zation #	: 112993	67	Serv	ice Code:	742 - LICENSED VOC NURSE	Service Subcode:	R706	
Au	th Dates	: 07/01/	10 - 04/30/11	Ur	its Type:	HRS-DIR F/F ONLY/MO	Invoice Date:	2010-10-28	
				Oct	ober	2010			Invoice Details
				occ	obei	2010			No Service Defer (Regenerate
ate	Day	Units	In Time	Out Time	Amount	Worker Name			Invoice Line)
010-10-01	Fri	3.50	9:45 AM	1:15 PM	99.86	Matt Stone		-	Last Month Exit Date:
010-10-02	Sat	0.00			0.00				Invoice Line Summary
010-10-03	Sun	0.00			0.00				
010-10-04	Mon	6.50	8:00 AM	2:30 PM	185.45	Karen Ross			10.00
010-10-05	Tue	0.00	8:15 AM	1545	0.00				Unit Rate: 28.530
010-10-06	Wed	0.00			0.00				Net Amount: \$ 285.30
010-10-07	Thu	0.00			0.00				Overage
010-10-08	Fri	0.00			0.00				Reason:
010-10-09	Sat	0.00			0.00				
010-10-10	Sun	0.00			0.00				
010-10-11	Mon	0.00			0.00				
010-10-12	Tue	0.00			0.00			_	
010-10-13	Wed	0.00			0.00				
010-10-14	Thu	0.00			0.00				
010-10-15	Fri	0.00			0.00				
010-10-16	Sat	0.00			0.00				
010-10-17	Sun	0.00			0.00				
010-10-18	Mon	0.00			0.00				
010 10 19	Tue	0.00			0.00			-	
Update	Update-N	ext Clo	se						

Invoices

Units Purchase Reimbursement calendar type

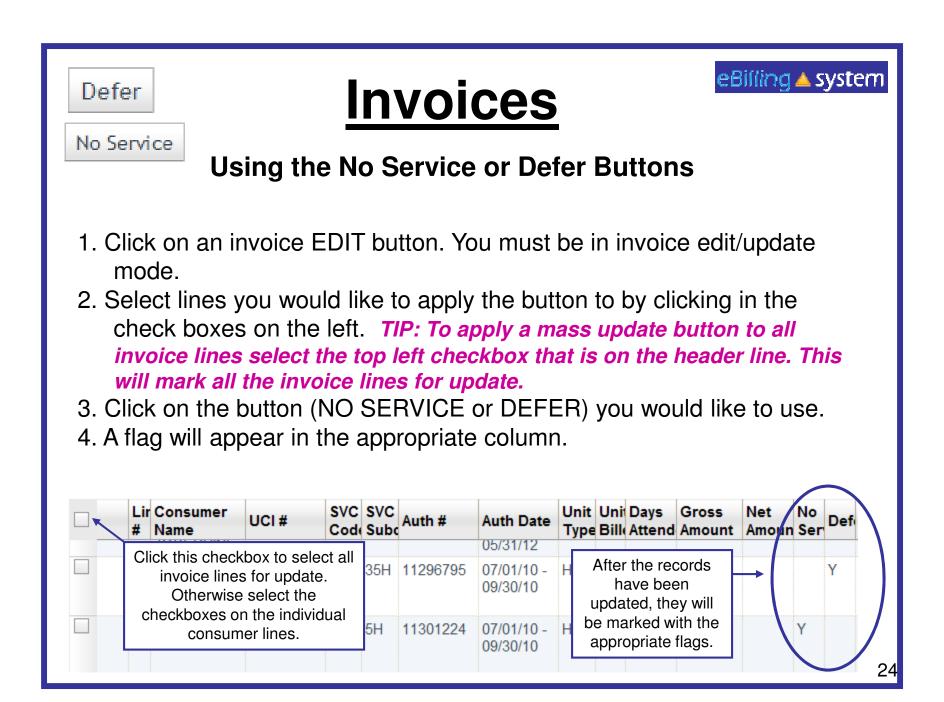
The one time purchase calendar type allows the entry of purchases.

- 1. Click on the ADD ROW button.
- 2. Click in the date field and select the appropriate date of purchase.
- 3. Tab or click in the units field and enter the appropriate units.
- 4. Tab or click in the amount field to enter the total amount.
- 5. Click the UPDATE or UPDATE NEXT button to save your changes.
- 6. Please be sure to attach your supporting documentation at the invoice detail line level. Attached documents will only be flagged on Alta California Regional Center reports if they are attached to specific invoice detail lines.
- **TIP:** Accidently add a row? Click the DELETE button to remove it from the list.



	Invoices eBilling A system
No	How to save time by using buttons! Service, Defer, Calendar Template, Add Invoice Lines
Defer	The DEFER button will allow you to mark a consumer record as defer. This will indicate that the consumer did receive a service, but the authorization needs to be updated. Accounting will then resend the invoice the following the month. If DEFER is applied to the whole invoice, then the whole invoice will be reissued.
No Service	The NO SERVICE button allows you to mark a consumer records as having had no service/billable time for the month.
Add Invoice Line	The ADD INVOICE LINE button will allow you to add an attendance only (A/O) detail line under a contract. This button will only work for certain service codes if Accounting has enabled this option.
Calendar Template	The CALENDAR TEMPLATE button will allow you to apply a calendar template with attendance information to one or more consumer records.

h Voic	lome	Invoice Histo			ments L Upload	R R	eports								User: mht
		ovider Billi			c oprous										
i		Number: 060 ice Date: 201				de: 805 - IN ed: 58.00	FANT DEV PR	OGRA			nth/Year: int Billed:				
nsur	mer Bil	ling Details		Filt	er All 👻	1									
	Line #	Consumer	UCI#		SVC Subco	Auth #	Auth Date				Gross	Net Amoun	No De	Updated Date/Time	-
	1				H1:1	11299290	07/01/10 - 11/30/10		4.00		435.40	435.40		2010-11- 24 13:23:26	-
	2	-		805	H1:1	11299037	07/01/10 - 03/31/11	HD		0			Y	2010-11- 24 01:22:29	
	3	C • *		805	H1:1	11299945	07/01/10 - 04/15/11	HD		0			Y	2010-10- 28 11:35:04	
	4			805	H1:1	11300046	07/01/10 - 11/15/10	HD	0.00	0	0.00	0.00	Y	2010-10- 28 11:33:54	
	5			805	H1:1	11294899	07/01/10 - 12/14/10	HD		0			Y	2010-10- 28 11:35:04	
	6	<u> </u>	12	805	H1:1	11300149	07/01/10 - 03/31/11	HD		0			Y	2010-10- 28 11:35:04	
	7	:		805	H1:1	11298933	07/01/10 - 12/31/10	HD		0			Y	2010-11- 24 01:22:29	
]	8	r	1	805	H1:1	11300926	07/01/10 - 11/30/10	HD	4.00	2	435.40	435.40		2010-11- 24 13:23:26	-1
No S	Service	Defer Cale	endar Template	A	ld Invoice	Line Subr	nit Print In	voice	Detaile	1					_



Calendar Template

Using the Calendar Template Checkbox and Units Calendars Only

Invoices

- 1. Click on an invoice EDIT button. You must be in edit/update mode.
- 2. Select lines you would like to apply the button to by clicking in the check boxes on the left.
- 3. Click on the CALENDAR TEMPLATE button. A window will pop up.
- 4. Fill out the appropriate calendar with attendance information.
- 5. Click on APPLY TO ALL to apply the template to all invoices lines. Select the APPLY TO SELECTED button to update only selected invoice lines. The invoice will be updated.
- 6. Click the SAVE button to save changes.
- 7. Click the CLOSE button.
- 8. All updated invoice lines will have an updated date and time stamp.
- 9. Individual lines <u>must be</u> updated with absences.

2			lows Interne		ullana la la la										<u> </u>
		G 🔺 SYS	oices/calendart	emplace/invoic	eid/2531/selec	(ed)								Help	1
Þ		<u> </u>													
	NOTE: You	u may only i	update the C	alendar Tem	plate releva	ant to the U	nit Type for	this specific	invoice. Te	mplates will	not be appli	ed to: 1. Up	dated invo	ices lines; 2.	
	Invoice lir	nes requirin	g review due	e to overage	; 3. Invoices	s for one-tir	me and in-ar	nd-out calend	ars						
				ce Calendar							alendar Te				
		١	lovem	ber 20	010	Full Serv	rice Month		N	lovem	ber 20	010			
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
		1	2	3	4	5	6		1	2	3	4	5	6	
									0.00	0.00	1.00	0.00	0.00	0.00	
	7	8	9	10	11	12	13	7	8	9	10	11	12	13	
								0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	14	15	16	17	18	19	20	14	15	16	17	18	19	20	
								0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	21	22	23	24	25	26	27	21	22	23	24	25	26	27	
								0.00	0.00	0.00	1.00	0.00	0.00	0.00	
	28	29	30					28	29	30					
								0.00	0.00	0.00					
	Save	Apply to Se	elected A	pply to All	Clear	Close		Save	Apply to Se	elected	Apply to All	Clear	Close		
L															
Dor	e											😝 Internet		100%	• //

	Add Invoice L Add	ng Atter	Invoice	/0) Lines	s Und	eBilling a system
2. 3. 4. 5.	Click the Al Select the a Fill out the Fill out the	invoice E DD INVOI appropriat consumer calendar a	EDIT button. You m CE LINE button. te calendar type. C r information. attendance inform A/O line and save	nust be in Click SEL ation.	ECT.	pdate mode.
Consum	ner Last, First Name:			UCI #:		
Author	ization #:	11304024]	SVC Code - De	scription:	896 - SUPPORTED LIVING SRV
Author	ization Dates:	07/01/10 - 06/3	0/11	Units Type:		M-MONTHLY -
			You must fill out the cons and UCI #. You may al authorization number an	so edit the		2





You can print invoice details from the view only or edit/update modes. Select the invoice you would like to print.

- 1. Click the PRINT INVOICE DETAILS button. It is located in the bottom right area of the screen.
- 2. A pop up window will appear.
- 3. You are able to view, save, or print the INVOICE DETAIL REPORT
- 4. You are also able to print invoice details for submitted invoices by searching under the <u>Invoice History</u> tab.



Billi	ng 🔺	system	Your se	elected s	ervice p	rovider is: E	ASTER SEALS	S BAY	AREA	(H8883)	3)					Help Logo
i 1		Invo		O Pay		R R	eports									
		Invoice Histor			. Upload											User: mhollan
ervi	ce Pro	ovider Billin	ng Detail	s												
ł	nvoice	Number: 060	1902	Sen	vice Cod	e: 805 - IN	FANT DEV PR	OGRA	M Se	rvice Mo	onth/Year:	11/2010	0			
	Invoi	ce Date: 201	0-10-28	Total U	nits Bille	d: 58.00			То	tal Amo	unt Billed:	6313.30)			
onsur	ner Bill	ing Details		Filt	er All 🝷											
	Line #	Consumer Name	UCI#		SVC Subco	Auth #	Auth Date				Gross Amount	Net Amoun	No Se	De Updated Date/Time		
	1	*	*	805	H1:1	11299290	07/01/10 - 11/30/10		4.00		435.40	435.40		2010-11- 24 13:23:26	1	
	2	A		805	H1:1	11299037	07/01/10 - 03/31/11	HD		0			Y	2010-11- 24 01:22:29		
	3	-		805	H1:1	11299945	07/01/10 - 04/15/11	HD		0				Y 2010-10- 28 11:35:04		
	4	ç		805	H1:1	11300046	07/01/10 - 11/15/10	HD	0.00	0	0.00	0.00		Y 2010-10- 28 11:33:54		
	5	¢		805	H1:1	11294899	07/01/10 - 12/14/10	HD		0				Y 2010-10- 28 11:35:04		
	6	<u>c</u>		805	H1:1	11300149	07/01/10 - 03/31/11	HD		0				Y 2010-10- 28 11:35:04		
	7	¢		805	H1:1	11298933	07/01/10 - 12/31/10	HD		0			Y	2010-11- 24 01:22:29		
	8	C		805	H1:1	11300926	07/01/10 - 11/30/10	HD	4.00	2	435.40	435.40		2010-11- 24 13:23:26		
-					*** *					-						

	://158.96.177.125/reports/invoicedetail ://158.96.177.125/reports/invoicedetailreport/							
- 98 ²²				103% -	Find	invoic.	•	Sex Tree Trippert
Ð								
61			Invo	Inland Regional				Run Time: 2
			invo	ice Detail	Report			Page : 1
	Provider #: H88833	Name:	EASTER	R SEALS BAY AREA				
		Address:						
	Invoice Date Invoice #	Service Code	Service Des	scription	Service Mnth/	ſr	Total Units	Total Amount
	2010-10-28 0601902	805	INFANT DE	V PROGRAM	11/2010		58.00	6313.30
	Client Name	UC#	Auth #		-			
			Autn #	Auth Dates	Total Units	Sub-	Code Unit Type	Total Amount
			11299290	Auth Dates 07/01/10-11/30/10	Total Units 4.00	Sub-	Code Unit Type HD	Total Amount 435.40
			11299290	07/01/10-11/30/10		H1:1	HD	
			11299290 11299037	07/01/10-11/30/10 07/01/10-03/31/11		H1:1 H1:1	HD HD	
			11299290 11299037 11299945	07/01/10-11/30/10 07/01/10-03/31/11 07/01/10-04/15/11	4.00	H1:1 H1:1 H1:1	HD HD HD	435.40
			11299290 11299037 11299945 11300046	07/01/10-11/30/10 07/01/10-03/31/11 07/01/10-04/15/11 07/01/10-11/15/10	4.00	H1:1 H1:1 H1:1 H1:1	HD HD HD HD HD HD	435.40
			11299290 11299037 11299945 11300046 11294899	07/01/10-11/30/10 07/01/10-03/31/11 07/01/10-04/15/11 07/01/10-11/15/10 07/01/10-12/14/10	4.00	H1:1 H1:1 H1:1 H1:1 H1:1	HD HD HD HD HD	435.40
			11299290 11299037 11299945 11300046 11294899 11300149	07/01/10-11/30/10 07/01/10-03/31/11 07/01/10-04/15/11 07/01/10-11/15/10 07/01/10-12/14/10 07/01/10-03/31/11	4.00	H1:1 H1:1 H1:1 H1:1 H1:1 H1:1	HD HD HD HD HD HD	435.40

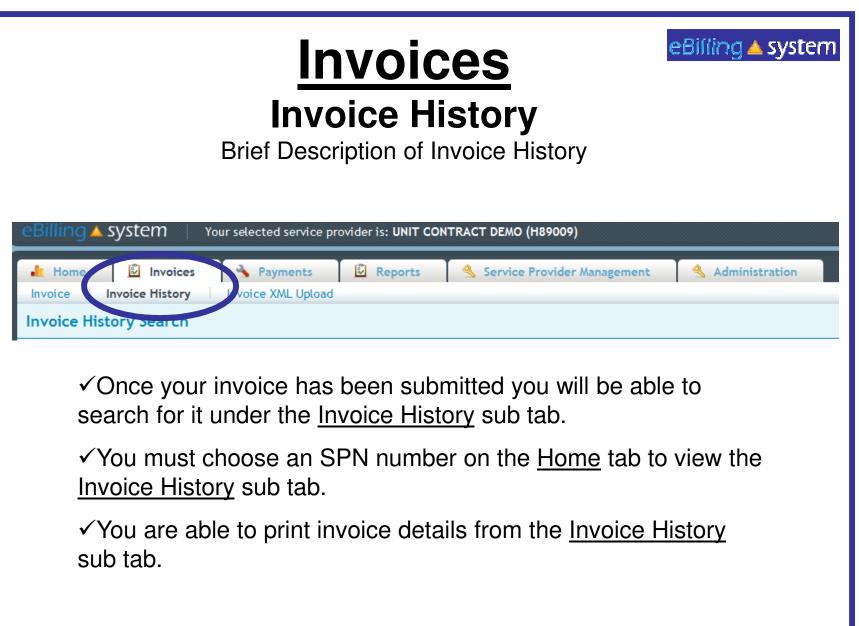


- 1. View the invoice you would like to submit in EDIT/UPDATE mode.
- 2. Check each invoice line to make sure that it has been updated with the correct information.
- 3. Scroll down to the bottom of the screen
- 4. Click the SUBMIT button.
- 5. A pop up window will appear. Click OK.
- 6. Your invoice has been submitted.





n - Elilling Redesign - Windows Internet Explorer	_0×
http://158.96.177.125/mvoices/invoice/eeview/invoiceid=25318updatemode=N8status=08ermsg=Invoice%20submitted%20subcessfully.%20The%20invoice%20submission%20confirmation%20number%20is%202531	<u> </u>
eBilling 🔺 system Vour selected service provider is: EASTER SEALS BAY AREA (H88833)	Help I Logout
A Home Invoices Payments I Reports	
Invoice History Invoice XML Upload	User: mholland
LOADING	
LOADING	
Windows Internet Explorer	
Invoice submitted successfully. The invoice submission confirmation number is 2531	
СК	
Waiting for http://158.96.177.125/invoices/invoiceview?invoiceid=25318updatemode=N8status=08ermsg=Invoice%20submitted%20succes	* 100% • // 3



Billing Redesign			orer				
ktp://158.96.177	.125/Invoices/	invoicehistory					
eBilling 🔺	syster	n You	ar selected s	ervice provider is: EASTER SEALS BAY A	REA (H88833)		Help Logout
Home Invoice	Invoice H		Payr Invoice XML				User: mholland
Invoice Hi	story Se	arch					
Invoice UC Service Cor	1#:				vice M/Y From: pice Generation Date To: pice Submission Date	Search Clear	
Invoice #	Service Code	Service M/Y	UCI#	Consumer Name	Generated Date	Submitted Date-Time	
0606175	805	07/2010			2010-08-16	2010-09-14 00:00:00	
0606176	805	08/2010			2010-08-16	2010-09-14 00:00:00	
0606390	805	05/2010	1	2	2010-08-16	2010-09-14 00:00:00	
0606391	805	06/2010			2010-08-16	2010-09-14 00:00:00	
0600853	805	07/2010			2010-09-27	2010-11-24 11:05:29	
0600854	805	08/2010			2010-09-27	2010-11-24 12:51:14	
0601352	805	09/2010			2010-09-29	2010-11-24 12:44:44	
0601635	805	10/2010			2010-10-28	2010-11-24 01:18:41	
0601902	805	11/2010			2010-10-28	2010-12-21 12:09:50	
0602132	805	07/2010			2010-11-05	2010-11-05 03:08:16	
0602189	805	08/2010			2010-11-15	2010-11-15 03:49:58	
0603293	805	09/2010			2010-11-16	2010-11-18 01:13:45	

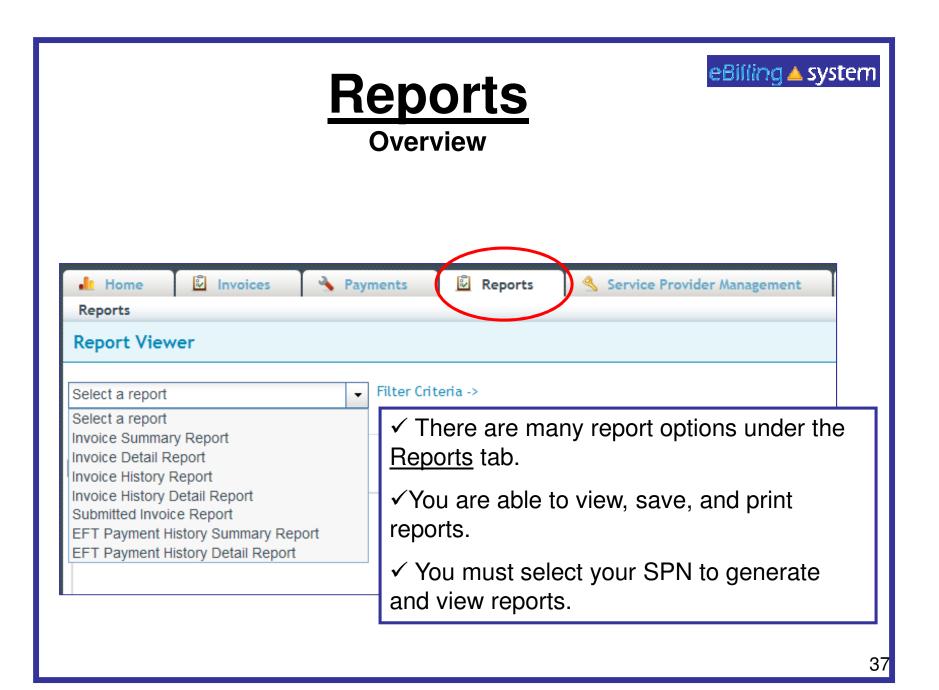
Payments Payment History EET Payment History Search	eBilling 🔺 system
♣ Home Invoices Agreement Anagement Anagem	Administration
EFT Payment History Search	
Invoice #: Reference #: Service Code: UCI #: Service M/Y: Date Range:	 ✓ Search Clear
✓ You are able to search EFT Payment History in the sayou search for available invoices under the Invoices tab the Payments tab, enter search criteria, and click the SE	. Just choose
\checkmark To view a selected EFT Payment History for an invoice	e, click

anywhere on the invoice line.

✓ To create a .CSV file of the Payment History, select the invoice, and click the CREATE CSV button. You can either view the file or save it to your computer.

Home	Invoices O Pa	yments 📊	Reports				
ment History							User: mho
T Payment	History Search						
nvoice #:	Reference #:		Service Code:		•	Search	
UCI #:	Service M/Y:	10/2010	Date Range: From	: To:		Clear	
eference #	Invoice #	Payment Date	UCI#	Consumer Name	Service Code	Service M/Y	Total Reference Amount
1019965	0618793	2010-12-13		nga si at	805	10/2010	60166.86
1019965	0618793	2010-12-13			805	10/2010	60166.86
1019965	0618793	2010-12-13			805	10/2010	60166.86
1019965	0618793	2010-12-13		Carlo and Carlos	805	10/2010	60166.86
1019965	0618793	2010-12-13	0.0000.00		805	10/2010	60166.86
1019965	0618793	2010-12-13		and the second	805	10/2010	60166.86
1019965	0618793	2010-12-13			805	10/2010	60166.86

I







- 1. Click the <u>Reports</u> tab. (Make sure you have selected the appropriate SPN).
- 2. Choose a report from the drop down menu on the left.
- 3. Enter the appropriate search criteria on the right hand side of the screen. (The search criteria will changed depending upon the report you've selected).

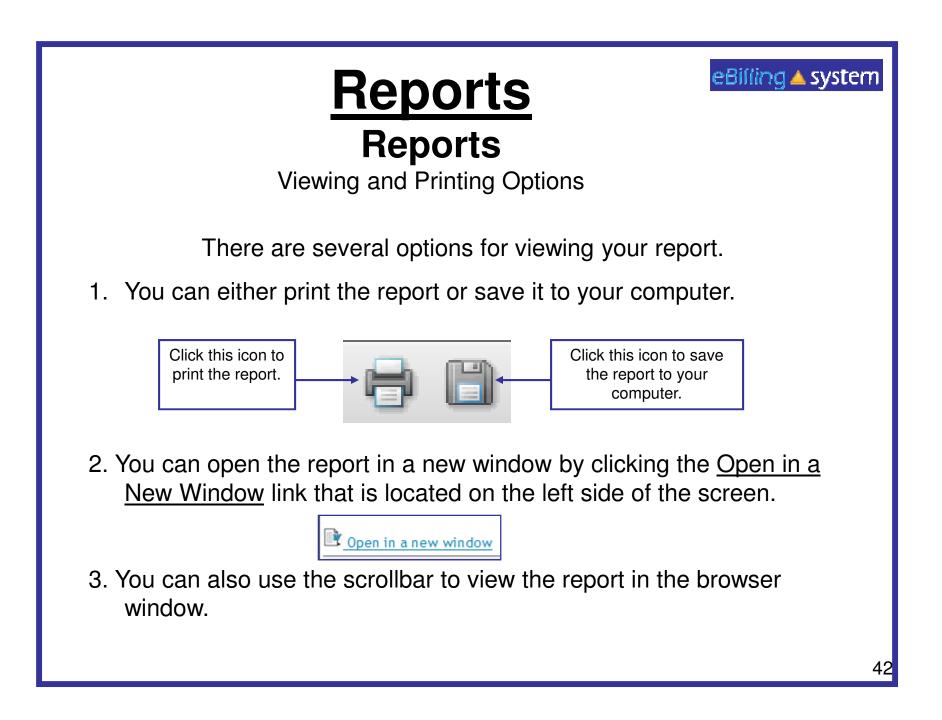
4. Click SUBMIT.

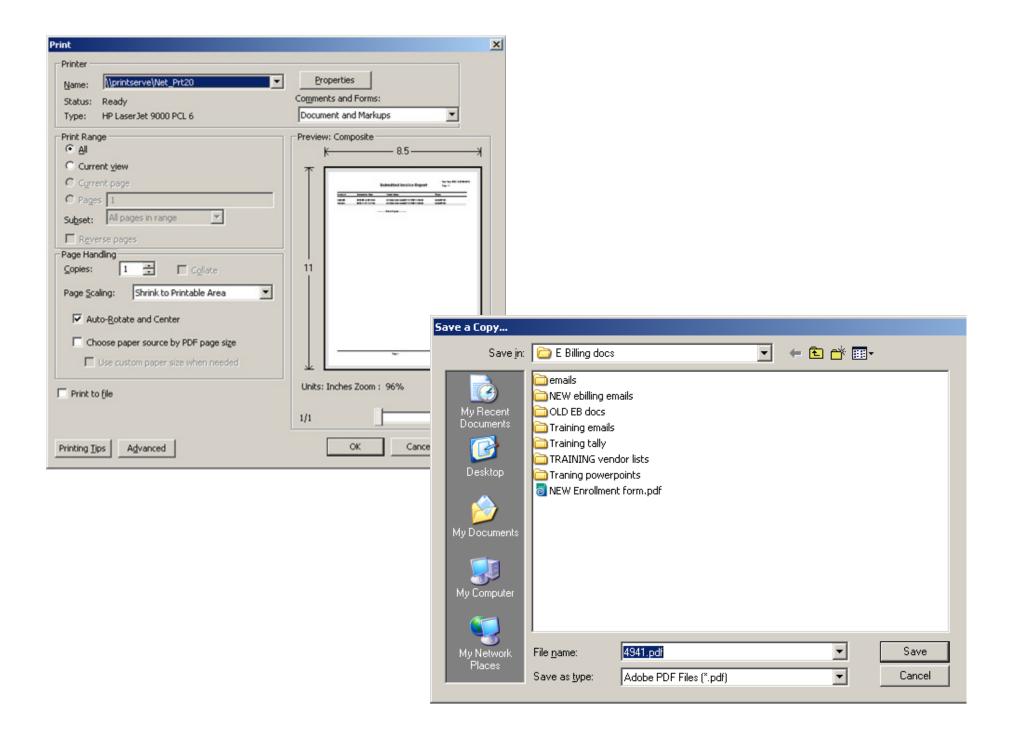
nvoice Detail Report	•	Invoice#:			
Select a report Invoice Summary Report Invoice Detail Report Invoice History Report Invoice History Detail Report Submitted Invoice Report EFT Payment History Summary Report EFT Payment History Detail Report		Invoice Date: UCI#: Service M/Y: Service Code:	555555	Submit	
#1 Choose Report.		#2	Enter Search Criteria.	#3 Click Submit.	38

Billing Redesign - Windows Internet Explorer Mtp://158.96.177.125/reports/report	
eBilling A system Vour selected service provider is: EASTER SEALS BAY AREA (H88833)	Help Logout
Home Invoices Payments Reports Report Viewer Filter Criteria -> SPN: H88833-EASTER SEALS BAY AREA Page 1	User: mholland
Close	
Report Area To view a report: 1. Select a report above. 2. Complete filter criteria. 3. Click Submit.	
1	
one	39

http://158.96.177.125/reports/report			
Billing 🔺 system	Your selected ser	rvice provider is: EASTER SEALS BAY AREA (H88833)	Help Logout
者 Home 📑 Invoi	ces 🚯 Paymo	ents Reports	
Reports			User: mholland
Report Viewer			-
CT Daymont Winters Common	- Denort	ter Criteria -> SPN: HR8833.FASTER SEALS RAY AREA - Payment Date:	
FT Payment History Summar	y Report	ter Criteria -> SPN: H88833-EASTER SEALS BAY AREA + Payment Date:	
		Submit Close	
Open in a new window			
	• 🖏 🕁 🌩	1 / 5 🖲 🖲 94.5% - 🔜 🚼 Find -	
		Inland Regional Center Run Time: 2011-01-05 11:11:53	
66	EFT Pa	Inland Regional Center Run Time: 2011-01-05 11:11:53 Page: 1	
66	EFT Pa	ayment History Summary Report Run Time: 2011-01-05 11:11:53 Page : 1	
Provider # 1699		ayment History Summary Report Page: 1	
Provider #: H888	33 Name:	EASTER SEALS BAY AREA	
Provider #: H888		EASTER SEALS BAY AREA	
Provider #: H888	33 Name:	EASTER SEALS BAY AREA EARLY INTERVENTION 1:1 HM	
Provider #: H888	33 Name:	EASTER SEALS BAY AREA EARLY INTERVENTION 1:1 HM	
	33 Name: Address:	EASTER SEALS BAY AREA EARLY INTERVENTION 1:1 HM 0	
Date	33 Name: Address: Amount	EASTER SEALS BAY AREA EARLY INTERVENTION 1:1 HM D Reference#	
Date 2010-08-06	33 Name: Address: Amount 62096.93	EASTER SEALS BAY AREA EARLY INTERVENTION 1:1 HM 0 Reference# 101019383	
Date 2010-08-06 2010-08-06	33 Name: Address: Address: 62096.93 62096.93	Avment History Summary Report EASTER SEALS BAY AREA EARLY INTERVENTION 1:1 HM D Reference# 101019383 101019383	
Date 2010-08-06 2010-08-06 2010-12-13	33 Name: Address: Address: 62096.93 62096.93 60166.86	Avment History Summary Report EASTER SEALS BAY AREA EARLY INTERVENTION 1:1 HM D Reference# 101019383 101019365	
Date 2010-08-06 2010-08-06 2010-12-13 2010-12-13	33 Name: Address: Address: 62096.93 62096.93 60166.86 60166.86	Avment History Summary Report EASTER SEALS BAY AREA EARLY INTERVENTION 1:1 HM D Reference# 101019383 101019365 101019965	
Date 2010-08-06 2010-08-06 2010-12-13 2010-12-13 2010-12-13	33 Name: Address: Address: 62096.93 62096.93 60166.86 60166.86 60166.86	Avment History Summary Report EASTER SEALS BAY AREA EARLY INTERVENTION 1:1 HM 0 Reference# 101019383 101019365 101019965	
Date 2010-08-06 2010-08-06 2010-12-13 2010-12-13 2010-12-13 2010-12-13	33 Name: Address: Address: 62096.93 62096.93 60166.86 60166.86 60166.86 60166.86 60166.86	Reference# 101019383 101019965 101019965 101019965 101019965	
Date 2010-08-06 2010-08-06 2010-12-13 2010-12-13 2010-12-13 2010-12-13 2010-12-13	33 Name: Address: Address: 62096.93 62096.93 62096.93 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86	Reference# Intervention 1:1 HM D 101019383 101019365 101019965 101019965 101019965 101019965 101019965 101019965 101019965	
Date 2010-08-06 2010-08-06 2010-12-13 2010-12-13 2010-12-13 2010-12-13 2010-12-13 2010-12-13	33 Name: Address: Address: 62096.93 62096.93 62096.93 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86	EASTER SEALS BAY AREA EARLY INTERVENTION 1:1 HM 0 101019383 101019965 101019965 101019965 101019965 101019965 101019965 101019965 101019965	
Date 2010-08-06 2010-08-06 2010-12-13 2010-12-13 2010-12-13 2010-12-13 2010-12-13 2010-12-13 2010-12-13	Amount Address: Amount 62096.93 62096.93 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86	EASTER SEALS BAY AREA EASTER SEALS BAY AREA EARLY INTERVENTION 1:1 HM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Date 2010-08-06 2010-08-06 2010-12-13 2010-12-13 2010-12-13 2010-12-13 2010-12-13 2010-12-13 2010-12-13 2010-12-13	Amount Address: Amount 62096.93 62096.93 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86	EASTER SEALS BAY AREA EASTER SEALS BAY AREA EASTER VENTION 1:1 HM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 00 00 00 00 00 000 000 000 000 0000 00000 0000000 00000000000	
Date 2010-08-06 2010-08-06 2010-12-13 2010-12-13 2010-12-13 2010-12-13 2010-12-13 2010-12-13 2010-12-13 2010-12-13 2010-12-13	33 Name: Address: Address: 62096.93 62096.93 62096.93 60166.96 60166.96 60166.96 60166.96 60166.96 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86	EASTER SEALS BAY AREA EASTER SEALS BAY AREA EARLY INTERVENTION 1:1 HM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Date 2010-08-06 2010-08-06 2010-12-13 2010-12-13 2010-12-13 2010-12-13 2010-12-13 2010-12-13 2010-12-13 2010-12-13 2010-12-13 2010-12-13	Amount Address: Address: Address: 62096.93 62096.93 62096.93 60166.96 60166.96 60166.96 60166.96 60166.96 60166.96 60166.96 60166.96 60166.96 60166.96 60166.96 60166.96 60166.96 60166.96 60166.96 60166.96 60166.96 60166.96 60166.96	EASTER SEALS BAY AREA EASTER SEALS BAY AREA EARLY INTERVENTION 1:1 HM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 00 000 000000000000000000000000000000000000	
Date 2010-08-06 2010-08-06 2010-12-13 2010-12-13 2010-12-13 2010-12-13 2010-12-13 2010-12-13 2010-12-13 2010-12-13 2010-12-13	33 Name: Address: Address: 62096.93 62096.93 62096.93 60166.96 60166.96 60166.96 60166.96 60166.96 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86 60166.86	EASTER SEALS BAY AREA EASTER SEALS BAY AREA EARLY INTERVENTION 1:1 HM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	

	lorer							
://158.96.177.125/reports/report								1
Billing 🔺 system 🕴 🗤	ur selected servio	ce provider is: EAST	TER SEALS BAY ARI	EA (H88833)				Help Logout
Home 📑 Invoices	S Payment	ts 📊 Repo	rts					
eports								User: mholland
eport Viewer								-
Payment History Detail Report	- Filter	r Criteria ->	SPN: H88833-EA	STER SEALS BAY	AREA -	Payment Date:		
						Reference #:		
						_		
					Submit Close	e		
Open in a new window					_			
5 % (🖶 🖾) 🕹 · 🕅	🖓 🕆 🔶 I	1 / 10 🛛 💌 🚺	94.5% • 🔡 🗄	Find	•			
							-	
		Inland	d Regional Center		Den Terrer			
		in truth Pa	a regional Genter		Foun Time:	2011-01-05 11:22:54		
	EFT	Payment Hi	istory Deta	il Report	Page : 1	2011-01-05 11:22:54		
	EFT	Payment H	istory Deta	il Report		2011-01-05 11:22:54		
Provider #. H88833	EFT Name:	Payment H	istory Deta	il Report		2011-01-05 11:22:54		
Provider #: H88833		EASTER SEALS I	ISTORY Deta BAY AREA NTION 1:1 HM	il Report		2011-01-05 11:22:54	-	
Provider #: H88833	Name:	EASTER SEALS E	ISTORY Deta BAY AREA NTION 1:1 HM	il Report		2011-01-05 11:22:54		
Provider #: H88833	Name:	EASTER SEALS I EARLY INTERVEI	ISTORY Deta BAY AREA NTION 1:1 HM	il Report		2011-01-05 11:22:54		
Provider #. H88833	Name:	EASTER SEALS I	ISTORY Deta BAY AREA NTION 1:1 HM	il Report		2011-01-05 11:22:54		
Provider #: H88833	Name: Address:	EASTER SEALS I EARLY INTERVE	BAY AREA NTION 1:1 HM			2011-01-05 11:22:54		
Provider #: H88833	Name:	EASTER SEALS I EARLY INTERVEI	ISTORY Deta BAY AREA NTION 1:1 HM	Reference #		2011-01-05 11:22:54		
	Name: Address: Date 2010-08-06	Control Contro	Amount 62096.93	Reference # 101019383	Page:1			
UCI# Consumer N	Name: Address: Date 2010-08-06 ame Auth#	Constant Seals I EASTER SEALS I EARLY INTERVE	Amount 62096.93	Reference # 101019383				
UCI# Consumer N	Name: Address: Date 2010-08-06 ame Auth# 11300139	Context Code Sub-Code 805 H1:1	Amount 62098.93 9 Service MY Units 07/2010 1.00	Reference # 101019383 Amount Inve 108.85 060	Page : 1			
UCI# Consumer N	Name: Address: Date 2010-08-06 ame Auth# 11300139 11289027	Constant Con	Amount Amount 62098.93 9 Service MY Units 07/2010 1.00 07/2010 8.00 8	Reference # 101019383 Amount Inve 108.85 060 870.80 060	Page : 1			
UCI# Consumer N	Name: Address: Date 2010-08-06 ame Auth# 11300139 11289027 11296142	Code Sub-Code Co	Amount Amount 62096.93 07/2010 1.00 07/2010 8.00 07/2010 4.00	Reference # 101019383 Amount Inve 108.85 060 870.80 060 435.40 060	Page : 1 oice# Adj Code 2565 00 2565 00 2565 00			
UCI# Consumer N	Name: Address: Date 2010-08-06 ame Auth# 11300139 11289027 11296142 11299668	Code Sub-Code Co	Amount Amount 62098.93 07/2010 1.00 07/2010 1.00 07/2010 4.00 07/2010 5.00 07/2010 5.00	Reference # 101019383 Amount Inve 108.85 060 870.80 060 435.40 060 544.25 060	Page : 1 Pag			
UCI# Consumer N	Name: Address: Date 2010-08-06 ame Auth# 11300139 11289027 11296142 11299688 11299688 11294899	Units 570.50 Svc Code Sub-Code 805 H1:1	Amount Control 62098.93 8.00 07/2010 1.00 07/2010 8.00 07/2010 5.00 07/2010 5.00 07/2010 3.00	Reference # 101019383 Amount Inve 108.85 060 870.80 060 435.40 060 544.25 060 326.55 060	Page : 1 Pag			
UCI# Consumer N	Name: Address: Date 2010-08-06 ame Auth# 11300139 11289027 11296142 11299688 11294899 11293858	Code Sub-Code 005 H1:1 805 H1:1	Amount 62098.93 Service MY Units 07/2010 1.00 07/2010 4.00 07/2010 5.00 07/2010 3.00 07/2010 9.00	Reference # 101019383 Amount Inve 108.85 060 870.80 060 435.40 060 544.25 060 326.55 060 979.65 060	Page : 1 Pag			
UCI# Consumer N	Name: Address: Date 2010-08-06 ame Auth# 11300139 11289027 11296142 11299868 11294899 11293858 11294859	Payment Hi EASTER SEALS I EARLY INTERVEI CONTROL 570,50 Svc Code Sub-Code 805 H1:1 805 H1:1 805 H1:1 805 H1:1 805 H1:1 805 H1:1 805 H1:1	Amount Amount 62098.93 1.00 07/2010 1.00 07/2010 8.00 07/2010 5.00 07/2010 5.00 07/2010 5.00 07/2010 5.00 07/2010 5.00 07/2010 5.00 07/2010 5.00 07/2010 6.00	Reference # 101019383 Amount Invert 108.85 060 870.80 060 435.40 060 544.25 060 979.65 060 653.10 060	Page : 1 Dice# Adj Code 2565 00 2565 00 2565 00 2565 00 2565 00 2565 00 2565 00 2565 00 2565 00 2565 00 2565 00			
UCI# Consumer N	Name: Address: Date 2010-08-06 ame Auth# 11300139 11289027 11296142 11299688 11294899 11293858	Payment Hi EASTER SEALS I EARLY INTERVEI CONTROL 570,50 Svc Code Sub-Code 805 H1:1 805 H1:1 805 H1:1 805 H1:1 805 H1:1 805 H1:1 805 H1:1	Amount 62098.93 Service MY Units 07/2010 1.00 07/2010 4.00 07/2010 5.00 07/2010 3.00 07/2010 9.00	Reference # 101019383 Amount Invert 108.85 060 870.80 060 435.40 060 544.25 060 979.65 060 653.10 060	Page : 1 Pag			
UCI# Consumer N	Name: Address: Date 2010-08-06 ame Auth# 11300139 11289027 11296142 11299868 11294899 11293858 11294859	Payment Hi EASTER SEALS I EARLY INTERVEI CONTROL 570,50 Svc Code Sub-Code 805 H1:1 805 H1:1 805 H1:1 805 H1:1 805 H1:1 805 H1:1 805 H1:1	Amount Amount 62098.93 1.00 07/2010 1.00 07/2010 8.00 07/2010 5.00 07/2010 5.00 07/2010 5.00 07/2010 5.00 07/2010 5.00 07/2010 5.00 07/2010 5.00 07/2010 6.00	Reference # 101019383 Amount Invert 108.85 060 870.80 060 435.40 060 544.25 060 979.65 060 653.10 060	Page : 1 Dice# Adj Code 2565 00 2565 00 2565 00 2565 00 2565 00 2565 00 2565 00 2565 00 2565 00 2565 00 2565 00			







Please contact your Alta Regional Center with any additional questions. Alta Regional Center contact: Shannon Xiong @ (916) 978-6223 Alta Regional Center contact email: Ebilling@altaregional.org