

INVOICE

Payable to:
Agency Name _____
Address _____
City, _____ State _____ Zip _____

Payor:
Aging Well, PA LLC
525 South 29th Street- Suite B
Harrisburg, PA 17104

Agreement number: _____

Month: _____

Year: _____

Assessment Tool	Number Completed
FED	
PASRR-EV	
Redetermination	
Sub-Total of FEDs	
Appeals	
Grand Total	

I certify that the above information is correct.

Signature: _____ Title: _____ Date: _____

Phone #: _____ Email: _____

For Aging Well PA's Use Only Approve _____ Deny _____ Date: _____ By: _____

All invoices are due monthly to Aging Well, PA within the first 5 business days of the end of the following month. Send to: fedbilling@agingwellpa.org and copy your Quality Compliance & Support Specialist.