

N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES **DIVISION OF SERVICES FOR THE BLIND** INDEPENDENT LIVING REHABILITATION

# **BILLING FOR MINI CENTER** INSTRUCTORS INSTRUCTIONS

#### PURPOSE

To record billable mini center instructor hours.

### PREPARED BY

Mini Center Instructor completes the form and gives it to the Independent Living Rehabilitation Counselor (ILRC) who will verify for accuracy, initial and forward the form to Business Affairs. The form will be completed according to the billing cycle established by the ILRC.

#### INSTRUCTIONS

For the period: Enter the two-digit month and two-digit day the mini center instructor service period began.

**To**: Enter the two-digit month and two-digit day the mini center instructor service period ended.

Authorization Number: Enter the authorization number that will be utilized to make payment for mini center instructor service.

**County:** Enter the county the Mini Center was held in even if it is different from the county the consumer resides in.

Hours Worked: Enter the amount of hours worked to the corresponding day of month.

Mini Center Instructor's Name: Print of type the Mini Center Instructor's name (first name, middle initial and last name).

Social Security No: Enter the last 4-digits of the social security number of the Mini Center Instructor.

Address: Enter the Mini Center Instructor's current street address, city, state and seven-digit zip code.

**Hours Worked**: Enter the total number of hours worked for the specified time period.

At: Enter the hourly rate the Mini Center Instructor is being paid for service.

Gross: Enter the gross pay for the total number of hours the Mini Center Instructor worked.

Signature of Mini Center Instructor and Date: Mini Center Instructor signs and dates the form stipulating that the bill is correct and accurate.

**Counselor Initials and Dates:** Counselor initials and dates the information as correct and accurate.

Start Date: Enter the first day of the month that hours worked are recorded. This date is the start date on the BEAM Payment Approval Form. This date may be entered by the ILRC or Processing Assistant.

End Date/Invoice Date: Enter the last day of the month that hours worked are recorded. This date is the end date and the invoice date on the BEAM Payment Approval Form. This date may be entered by the ILRC or Processing Assistant.

**Consumer Name** : The ILRC or Processing Assistant enters the consumer name that correlates with the BEAM Authorization an Payment Approval Form. This name is entered by the ILRC or Processing Assistant.

## DISTRIBUTION

Original and Copy: Business Affairs Business Affairs mails a copy to the Mini Center Instructor with Check. **ILR** Counselor Copy:

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