# San Bernardino County Department of Behavioral Health

## **Enhanced Shelter Monthly Summary - Claim for Reimbursement**

Contractor:		
Address:		
		<u></u>
Contractor #		
DBH Agreement # Phone:		
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	Program and Cost Center	
Month / Year bein Number of Consum	Behavioral Health Bridge Housing (BHBI	<del> </del>
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Monthly Amoun	t Claimed:	
	t Claimed:	
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Programs – Copy and send original forms with original Program Manager signatures to fiscal services. Copies are allowed for those that are DocuSigned.

# San Bernardino County Department of Behavioral Health Enhanced Shelter Reimbursement Form

To:	From:
Department of Behavioral Health	Contractor Name:
	Contractor Address:
Charges for the month of:	
Program and Cost Center	

# **Behavioral Health Bridge Housing (BHBH)**

Consumer Name	Day	Dates In Shelter		Total	
(Must match Referral Voucher)	Rate	From	То	Days	Total Amount
	T	otal days and	Claim Total:		

I certify under penalty of perjury, the consumers listed above were cared for in the named facility for the dates as noted above at the rates therein. This further authorizes the Department of Behavioral Health to make adjustments, if necessary, to this bill, to the amount allowed by State and Federal regulations.

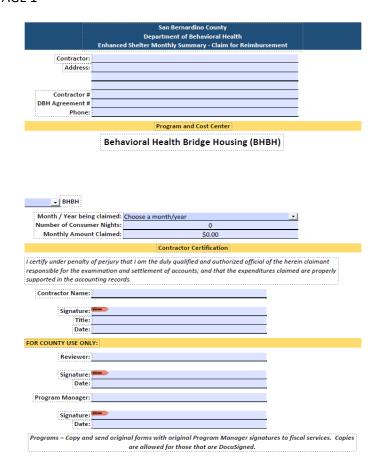
	Payment Authorization	
Reviewer:	Signature:	Date:
Drogram		
Program  Manager:	Signature:	Date:

Original form with original Program Manager signature is to be forwarded to Fiscal Services. Programs will insert the Cost Center Code before submitting originals to Fiscal Services.

## **Enhanced Shelter Reimbursement Form**

Vendors will complete and submit one Monthly Billing and Reimbursement form to each respective program for payment of shelter services as outlined in the current contract. DBH requires one claim to be completed per program per month. The instructions below will provide guidance to vendors as they are completing these forms.

#### PAGE 1



In this section, vendors need to complete all requested information. Page 2 will pre-populate the contractor's name and address for you, when completed on page 1. Your contract # and DBH Agreement # are found in your County Contract.

When completing this section, it is important to remember that you must complete one billing form per program; choose the appropriate program, month, and billing year. You will not be completing the *Number of Consumer Nights* or the *Monthly Amount Claimed*; those sections populate based on entries on Page 2.

Contractor certification is important and cannot be left blank. If this section is not completed, the invoice will be returned to you for correction prior to processing and authorizing payment.

### PAGE 2



The entries in this section will populate from page 1 and there is no need to update. If the information did not populate, then page 1 wasn't completed in its entirety.

Day Rate		Dates In Shelter			Total	
		From		To	Days	Total Amount
\$150.0	00					\$0.
\$150.0	00					\$0.
\$150.0	00					\$0.
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\$150.0	00					\$0
\$150.0	00					\$0
\$150.0	00					\$0
\$150.0	00					\$0
	Tot	al days ar	nd Clai	m Total	0	\$0

In this section, the vendor will use the provided vouchers for each consumer who was housed in the specific shelter site for the applicable month. Ensure consumer names and dates of service match for accurate reimbursement. Information entered in this section will assist populate Number of Consumer Nights and Monthly Amount Claimed sections of the form above.