



Prevention Program Fee Report

Prevention Provider Agency:
 Contact Person:
 Report Period (month of activity):

Email address:
 Phone Number:
 Original or Revised Form:

MBO	Strategy Code	Activity Date Collected	Fee per person	Number of person(s) charged	Total amount of fees collected

Provider Agency Authorized Signature _____ Date: _____

Region 10 PIHP Staff Signature: _____ Date: _____

FOR OFFICE USE ONLY

FORM SHOULD BE SENT TO CONTRACT DEPARTMENT

- Contract Department Initial Receipt
- Contract Department Sent to _____ (Department)
- Contract Review by _____ (Staff)
- Return to Contract Department
- Contract Department Final Receipt (for processing)

Prevention Program Fee Report Instructions

Purpose- The purpose of this form is to report any fees charged to participants for Region 10 PIHP funded prevention activities. Any fees collected from program participants will be deducted from the providers monthly payment. All documentation of deductions will be reported on the monthly pay provider statement.

Submission- As applicable submit report to Danielle Stolicker, stolicker@region10pihp.org , by the 10th of every month, following month of service activities. Example- fees collected for activities in August will be due the 10th of September. All forms shall be submitted on a monthly basis.

Process: The Prevention Program Fee Report is required to be completed before the 10th of each applicable month. The form shall be resubmitted if changes or errors occurred after submission.

- 1.The provider shall complete the form and submit to the PIHP SUD Prevention Coordinator.
- 2.The PIHP will review the information submitted and inform the provider of any questions.
- 3.The PIHP will keep the program fee report in the contract file as well as have a copy readily available to the SUD department staff.
- 4.The PIHP will deduct total fees collected from monthly payment based on fees reported in this form.
5. The PIHP will submit documentation of deductions on a monthly basis.
- 6.The provider will resubmit the form monthly, as needed throughout the fiscal year.

Instructions: Complete each section in the document with the corresponding information.

Agency- Enter the name of the prevention agency.

Contact Person- Enter the name of the prevention agency's contact person.

Report Period- Enter the month of reported activity.

Email Address- Enter the email for the prevention agency's contact person.

Phone Number- Enter the phone number for the prevention agency's contact person.

Original or Revised- Specify is this form is an original form submitted for specified month or a revised form.

MBO- Enter the MBO associated with this fee as defined in your Attachment A.

Strategy Code-Enter the strategy code associated with this fee as defined in your Attachment A.

Activity Date Collected-Enter the activity date of which

Fee per person- Enter the dollar amount that is charged per person.

Number of person(s) charged- Enter the total number of person(s) charged specified fee for given MBO.

Total amount of fees collected- Enter the total number of fees collected based on MBO.