

Forensic Interview Itemized Statement/Bill Description

To proceed with the verification process, the bill MUST BE ITEMIZED. Therefore, please send a bill that provides the following information:

1. Provider(s) name, address and phone number
2. Victim's Name
3. Date of Service (actual date of interview)
4. Description of the service provided (e.g. Forensic Interview)
5. Usual and Customary Charge for interview
6. Total charges

1. Provider Information

2. Victim Name/Acct. Number

ABC Hospital, LLC
1234 Your Street
Anywhere, Georgia 30005
(404) 555-4455 phone
(404) 555-5544 fax

Patient Name:
Jane Doe
Account Number:
123

| <i>Date of Service</i> | <i>Description/Code</i> | <i>Amount</i> |
|------------------------|-------------------------|---------------|
| 07/01/2014 | Forensic Interview | \$ 200.00 |
| Total Charges | | \$200.00 |

3. Date of Interview

4. Description of Interview

5. Cost per Service

6. Total Charges