HEALTH & HUMAN SERVICES
FARIBAULT & MARTIN COUNTIES

Guardian/Conservator Invoice (Individual)

Guardian/Conservator Name (Business Name)	
Vendor Number (HSFMC will assign)	
Billing Pursuant to: (select one) ☐ In Forma Pauperis-Order Signed Date ☐ MS 524.5-502 (explanation attached – use only if applicable and no IFP Order signed)	
Ward/Protected Person Name	
Court File Number	
Tier Care Level 2024	☐ Tier 1 (limited to 4 hrs/month or 48 hrs/year) ☐ Tier 2 (limited to 5 hrs/month or 60 hrs/year) ☐ Tier 3 (limited to 6.6 hrs/month or 80 hrs/year) ☐ Conservatorship (limited to 24 hours/year)
Has Tier Level Changed Since Last Billing?	☐ No ☐ Yes – detail in attached
Residence (Physical Location) of Ward/Protected Person	
Ward/Protected Person Address	
City/State/Zip	

WARD/PROTECTED PERSON BILLING INFORMATION
Summary of Attached Detail

Date Range for Services				*Office Use Only* Payment Amount
Total Guardian Service Hours		@ $50/hr	$	
Total Travel Time		@ $50/hr	$	
Total Conservatorship Service Hours		@ $50/hr	$	
Other Reimbursement (Please list other reimbursement and attach supporting documents – example: MA Fee)		$		

Submitted Total	$	

INVOICES ARE SUBJECT TO A RANDOM AUDIT OF FEES & BILLING PRACTICES

Pursuant to Minnesota Statutes 471.392; 471.38; and 471.391, I declare under the penalties of law that this account, claim or demand is just and correct, that all services provided were provided by the guardian or conservator or his/her employee, and that no part has been paid. I further state that all employees of this guardian/conservator have signed consents and passed background checks. The attached statement(s) is being submitted to HSFMC because case lacks necessary funds to pa the bill. That during the past year the ward/protected person has not received any inheritance, property or other funds that would make the subject ineligible for payment by HSFMC and, therefore, I submit this bill to HSFMC for payment.

Signature of Guardian/Conservator

Print Name of Signing Guardian/Conservator

An itemized listing of services must accompany all invoices. This listing must be legible. Each Ward/Protected Person will have a separate itemized listing. The itemized listing must include:

1. Ward/protected person's name and court case number,
2. Date and time of service,
3. Name of employee who provided the service (if not the Guardian/Conservator),
4. Explanation of the necessary service,
5. Actual length of time for each service, rounded to the nearest tenth or quarter hour,
6. All telephone calls must list the contact person with phone number,
7. One grand total, rounded to the nearest tenth or quarter hour, for all the services on the invoice.

DO NOT STAPLE TO INVOICE

Sample Format – Provider may use any legible format as long as it includes all of the above components.

Ward/Protected Person Name	
Court File Number	

Date	Start Time	Employee Providing Service	Quantity (rounded to tenth of hour)
1/27/23	10:00	NA	.30
TRAVEL - Met with client at their home			
1/28/23	15:30	IM Assistant	.20
GUARDIAN - Telephone call with Mary at Faribault Co HS to schedule assessment 507-526-3265. Assessment scheduled for 13:00 2/2/23.			
2/2/23	13:00	NA	1.00
GUARDIAN - MnCHOICES assessment.			
		Service Total Time	1.20
			@ $50.00
		Travel Total Time	.30
			@ $50.00
		Conservatorship Total Time	.00
			@ $50.00
		Total Amount Due (Transfer Totals to Invoice)	$75.00