## Nursing Services Billing Summary



Month	Name		
	(turn into corporate office by the 2 <sup>nd</sup> of each month)		
Location	Monthly Contract Amount (amount per resident x high census as of the 25 <sup>th</sup> of the month)	New Resident Assessed/Moved In (\$100 per successful move-in)	Resident Name(s) & Building (new move-ins)
Example: Meridian	\$60.00 x 26 residents = \$1560	2 move ins = \$200	Mr. Smith - Building 1 Mrs. Doe - Building 2
	Total Due:	Total Due:	
	al Amount Owed \$ure		_
Administrator Signature			
Administrator Signature		Date	
Mark Maxfield		Date	