# Claim For Payment Of

Merchandise or Services Authorized by the Health & Human Services Agency of Wright County

**Wright County**
**Health & Human Services**
1004 Commercial Drive
Buffalo, MN 55313-1736

TO _____
(Name of the Person or Firm making the Claim)

_____
(Mailing Address)

_____
(City) (State) (Zip Code)

FID # 41-1268614

| Service Date | | Description of Merchandise or Service Rendered | | Amount |
|---|---|---|---|---|
| (month of service) | | COST EFFECTIVE HEALTH INSURANCE REIMBURSEMENT | | |
| | | CASE: MNS Integrated Case#: MAXIS ID: | | |
| | | PMI #: | | |
| | | MEDICAL OB: | | |
| | | DENTAL OB: | | |
| | | VISION OB: | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | **TOTAL** | | |

I declare under the penalties of perjury that I am

_____
**(TITLE OR POSITION)**

of _____
**(NAME OF FIRM OR ORGANIZATION)**

making the within claim; that I have examined said claim and that the same is just and true; that the money therein charged was actually paid for the purposes therein stated; that the property therein charged was actually delivered or used for the purposes therein stated, and was of the value therein charged; that the services therein charged were actually rendered and were of the value therein charged; that the fees therein charged are official and are such as are allowed by law; and that no part of said claim has been paid.

_____
**SIGNATURE OF CLAIMANT**

The effect of this verification shall be the same as if subscribed and sworn to under oath. M.S.A. 471.38, as amended by Laws 1949, Chapter 416.

## AGENCY USE ONLY

Vendor Number

Approved By: _____

| ACCOUNT # OR FORMULA | | | | | AMOUNT | INVOICE NUMBER/ DESCRIPTIONS | SERVICE DATES FROM MM/DD/YY | SERVICE DATES TO MM/DD/YY |
|---|---|---|---|---|---|---|---|---|
| 11 | 420 | 650 | 4400 | 6020 | | PMI MD OB | | |
| 11 | 420 | 650 | 4400 | 6020 | | PMI DT OB | | |
| 11 | 420 | 650 | 4400 | 6020 | | PMI VS OB | | |
| 11 | 420 | 650 | 4400 | 6020 | | PMI OB | | |
| 11 | 420 | 650 | 4400 | 6020 | | PMI OB | | |
| 11 | 420 | 650 | 4400 | 6020 | | PMI OB | | |
| 11 | 420 | 650 | 4400 | 6020 | | PMI OB | | |
| 11 | 420 | 650 | 4400 | 6020 | | PMI OB | | |
| | | | | **TOTAL** | | | | |

**ISSUANCE DATE** **WARRANT #**