

**INSTRUCTIONS FOR COMPLETION OF DDS D INVOICE**

These instructions are intended to guide providers of both Adult State General Fund, Respite and non-direct Family Infant Toddler (FIT) Program services in completion of the DDS D Invoice. Please note that further reference can be made to Procedure SGFP-001.

1. Prior to the 10<sup>th</sup> of each month, the provider agency should compile an invoice reflecting documented services for the previous month. Only documented services may be billed. Please refer to the State General Fund Service Definitions and Standards for the current fiscal year to ensure that services are being provided and documented in accordance with requirements.
2. The invoice to be compiled must be filled completely and accurately per the table below for timely processing. Incomplete or inaccurate invoices will be returned to the billing provider for correction.

1. Provider Name
2. Provider Agreement/Contract #
3. Invoice #
3.a. Invoice numbers need to follow the convention DDS D-FYXX-the number of the months in the fiscal year that have passed; for example, in August of FY 09, the invoice number would be DDS D-FY09-02.
4. Month of Service.
5. Number of individuals served and number of units provided for each service type. Confirm totals are accurate.
6. Complete the supplemental section of the DDS D Invoice for any revisions (including corrections) or additions to previous invoices submitted within the current fiscal year. <i>(See Below for instructions on completing the supplemental section)</i>
7. Provider Billing Contact Name and Phone Number.
8. Provider Remittance Address that is on file with DFA (Department of Finance and Administration)
9. Enter Submission Date

3. Supplemental Billing and Billing Corrections for previous months of service must be entered into the Supplemental Section of the DDS D Invoice. For the Supplemental Section, the Billing Provider must indicate the month of the supplement/correction, the Service Unit, the Billing Unit, the Name of the Service, the Number of individuals served, the number of units to adjust up and/or down, the Unit Rate of the specific service and the total dollar amount either to be adjusted. Please note that there may be multiple months of supplemental billing that can be indicated on the form. Providers using the Supplemental Section must verify that the total of the amount of increase or decrease is reflected in the Invoice total at the bottom of the DDS D Invoice.
4. Only one DDS D Invoice will be processed per month for each provider.
5. The DDS D invoice must be e-mailed to [DDS D.invoices@state.nm.us](mailto:DDS D.invoices@state.nm.us)