

EXAMPLE CLAIMS INVOICE

Contractor Name
Contractor Mailing Address
Phone Number
Fax Number

Invoice Number:	
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Invoice Date:	
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CITY OF PHOENIX
251 W. WASHINGTON AVE
PHOENIX, AZ 85003

DETAILED CLAIM BILLING

CLAIMS PROCESSED PERIOD: _____

Carrier ID	Group ID	Location	# of Claims	Amount	Copay	Due from Group	
CTYPHOENIX							

Subtotal before Fees:	\$ _____
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Admin Fee Rate Per Claim \$ _____	No. of Claims Processed: _____	\$ _____
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Invoiced Totals For City Of Phoenix:	\$ _____
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REMITTANCE INFORMATION

CITY OF PHOENIX
251 W. WASHINGTON AVE
PHOENIX, AZ 85003

Payment by Check Payable To:
