



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 DIVISION OF FAMILY SERVICES
SEAS INVOICE ERROR CHECKLIST

INVOICE NUMBER	DATE
FROM: NAME	
DPS COUNTY OFFICE	
ADDRESS	

TO: PROVIDER NAME

The following items indicated below contain some error(s) and/or a disallowable payment request. Therefore we have not allowed payment (of this invoice) (of the line items indicated on the invoice). It will be necessary for you to review and correct, and resubmit, if applicable, the attached invoice.

UNITS BILLED FOR _____ SERVICES
 FOR (CLIENT NAME) _____ WERE
 PROVIDED AFTER AUTHORIZATION WAS CLOSED. AUTHORIZATION WAS CLOSED (DATE) ► _____
 ACTION NEEDED ► _____

THE NUMBER OF UNITS BILLED FOR _____ SERVICES
 FOR (CLIENT NAME) _____
 ARE OVER THE MAXIMUM AUTHORIZED.
 ACTION NEEDED ► _____

THE SUBMITTED INVOICE BILLS FOR SERVICES PROVIDED DURING A PERIOD WITH NO CONTRACT LICENSE
 AND THEREFORE, CANNOT BE PAID.
 ACTION NEEDED ► _____

ALL SERVICES BILLED ON THIS INVOICE AFTER (DATE) ► _____ ARE DISALLOWED DUE TO
 EXPIRATION OF CONTRACT LICENSE. EXPIRATION DATE ► _____
 ACTION NEEDED ► _____

PAYMENT INVOICED IS DISALLOWED AS NO REPORT(S), DUE ON (DATE) ► _____,
 HAS BEEN RECEIVED FOR ► _____ SERVICES
 FOR (CLIENT NAME) ► _____
 PLEASE SUBMIT APPROPRIATE REPORTS IMMEDIATELY.
 ACTION NEEDED ► _____

PAYMENT INVOICED IS DISALLOWED DUE TO UNRESOLVED MATHEMATICAL ERRORS
 FOR ► _____ SERVICES
 FOR (CLIENT NAME) ► _____
 BOTH LINE ITEM ERRORS AND COLUMN TOTAL ERRORS MUST BE CORRECTED.
 ACTION NEEDED ► _____

PAYMENT OF THIS INVOICE NOT ALLOWED, AS THE DATE OF INITIAL RECEIPT WAS SIXTY (60) DAYS AFTER THE MONTH OF SERVICE
 DELIVERY, AS STIPULATED IN YOUR CONTRACT.
 ACTION NEEDED ► _____

OTHER ► _____
 ACTION NEEDED ► _____

EXPLANATION

_____ portion of the attached invoice has been paid, this information is indicated in the explanation above. This corrected invoice must be resubmitted.

IF YOU HAVE ANY QUESTIONS, CONTACT	COUNTY PAYMENT DESIGNEE	TELEPHONE NO.
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