

HOW TO FILL OUT A TB INVOICE FORM (CO-17)

Only the following sections of a TB Invoice Form (CO-17) need to be completed.

The following information is needed for the specified section number:

- 8). Specify your report type as either (Y), (N), or (T). This is based on how you registered on your "W-9 IRS Form":
Individual/Sole Proprietor = (Y)
Corporation = (Y)
Medical services for Profit= (Y)
Other = (N)
Medical services for Non-profit= (N)
Town or District Health Department = (T)
- 9). Write in your 9-digit TAX ID number.
- 10). Write in NAME and ADDRESS of the Payee: where check is to be mailed. (as it appears on the registered W-9 and SP-26 NB forms).
- 13). Optional field - Put in any vendor/provider comments, i.e. patient account numbers, etc.
- 14). Give a description of goods or services, i.e. office visit, directly observed therapy visit. Dates of service and CPT code should be included in this description.

Please NOTE in this boxed area, a **SIGNATURE IS REQUIRED.**
Invoices without a signature will not be processed.
- 15). Quantity – List the number of each type of service performed or provided.
- 17). List the unit price for each service. DPH reimburses at the Medicaid rate. Current Medicaid rates for different services can be found at: www.ctdssmap.com
- 18). Amount – The quantity of services provided multiplied by the appropriate unit price. The total amount should be included at the bottom of this column.

****Attach any claim/s (i.e., HICF, UB-92, etc.) or supporting documentation to the invoice/s.****

Invoices and supporting documentation should be sent to the address at the bottom of the invoice. Please do not email any documents with patient identifying information.