KEYSTONE BABIES VACANCY INVOICE

Provider ID:
Provider Type:
Provider Legal Entity:
Provider Location:
Provider Phone:
Address:

CCIS Office:

INSTRUCTIONS

Use "V" to indicate days of the service month for which there was a vacancy. Use a separate line for each vacancy.

Codes
V - Vacancy

CERTIFICATION

I certify that all the information provided is true, correct, and complete under "penalty of perjury" or subject to the penalties in 18PA CS 4904.

Provider Signature

Date

Obsolete

Service Period: June 2010

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	