

January 2026-June 2026 Mill Levy Invoice- Rocky Mountain Human Services

Customer Legal Name: _____ **Waiver:** _____ * RMHS will reimburse at the most current rates. Rows can be unhidden/hidden to edit number of lines on the invoice. Be sure to select the client's waiver, SIS level, and county where the services were held.
Customer Date of Birth: _____ **SIS Level (IDD/SLS Only):** _____
Company Name: _____ **Service Month/Year:** _____
Service Provider Name: _____

Certification Statement:

I certify that the services for which payment is requested were either rendered personally by me or rendered by qualified personnel under direct and personal supervision. The provider and persons signing this claim understand that false claims constitute fraud and may subject the persons responsible to criminal charges, civil penalties and forfeitures.

Printed Name _____
Signature _____

Date:

Revised January 2026