



Independent Contractor Billing Form

Client Name: _____

City/State/ZipCode: _____

Phone: _____

Instructions

1. Complete one form for each Provider.
2. Complete a separate sheet for each month.
3. Email to Claims@MyMRCI.org (**preferred**) or Fax toll-free using 1-888-800-7336

Service Provided:	<input type="checkbox"/> Specialist	<input type="checkbox"/> Housecleaning	<input type="checkbox"/> Chore Services
	<input type="checkbox"/> Other _____		

Provider (name as shown on W9) _____	Phone: _____
Provider Address: _____	
City/State/Zip: _____	<input type="checkbox"/> Please check if this is a new address

Month _____ Cost per job \$ _____

Dates of Service provided	Cost

Dates of Service provided	Cost

Total Amount Owed: _____

Date: _____