

Collection of Client Accounts Client Payment Record

Program Name: _____

Unit/Subunit: _____

Date sent to BHS Billing Unit: _____

	BHS MIS Case Number	Client Name	Date Received	Amount	Check#/ Money Order	Fiscal Use ONLY Check Rec'd
1.				\$		<input type="checkbox"/>
2.				\$		<input type="checkbox"/>
3.				\$		<input type="checkbox"/>
4.				\$		<input type="checkbox"/>
5.				\$		<input type="checkbox"/>
6.				\$		<input type="checkbox"/>
7.				\$		<input type="checkbox"/>
8.				\$		<input type="checkbox"/>
9.				\$		<input type="checkbox"/>
10.				\$		<input type="checkbox"/>
11.				\$		<input type="checkbox"/>
12.				\$		<input type="checkbox"/>
13.				\$		<input type="checkbox"/>
14.				\$		<input type="checkbox"/>
15.				\$		<input type="checkbox"/>

Contract Providers will be expected to accept payments from clients. Checks should be mailed to County within a week of receipt. Cash collected from clients should be reported to the County within a week and paid to the County via check no less frequently than monthly.