



AVCC

American Veterans Care Connection

THE “BILLING” BOOT CAMP!

12300 Old Tesson Rd., Suite 400C St. Louis, MO 63128

1 (855) 601-4770

info@avcchomecare.com | www.avcchomecare.com



AT AVCC, WE KNOW IT'S IMPORTANT FOR YOUR COMPANY TO GET PAID ON TIME. OUR MONTHLY PAYMENT SCHEDULE WORKS AROUND THE PAYMENTS FROM THE DEPARTMENT OF VETERANS AFFAIRS. WE UNDERSTAND THIS MAY NOT BE THE NORMAL BILLING THAT YOUR OFFICE USES. UNDERSTANDING HOW THE BILLING WORKS WILL HELP AVOID ANY DELAYS IN PAYMENT.



BILLING TIPS

- SEND ONE MONTHLY INVOICE DIRECTLY TO AVCC.
 - **Do not bill the client**
- AVCC WILL SEND AN AUTHORIZATION WITH A SPECIFIC AMOUNT OF HOME CARE HOURS THE CLIENT CAN RECEIVE EACH MONTH.
- YOUR OFFICE WILL NOT BE PAID FOR ANY HOME CARE HOURS OVER THE AUTHORIZATION AMOUNT.
- AVCC DOES NOT REIMBURSE HOLIDAY, OVERTIME, OR SHIFT DIFFERENTIAL CHARGES. PLEASE SCHEDULE ACCORDINGLY.
- ANY MONTHLY MILEAGE WILL BE INCLUDED ON THE AUTHORIZATION OF SERVICES.

AVCC NUMBER

(855)-601-4770



AUTHORIZATION OF SERVICES FORM

| | |
|---|--|
| Authorization of Services | AVCC <small>American Veterans Care Connection</small> 12300 Old Tesson Rd, Ste 400 C St Louis MO 63128 Toll Free Phone: (855) 601-4770 Toll Free Fax: (855) 601-4771 |
| Today's Date: _____ | |
| Client: _____ | |
| Provider: _____ | |
| For a total of _____ hours per month and _____ miles per month. For the dates of _____ through _____ | |
| and then for a total of _____ hours per month and _____ miles per month. For the dates of _____ through _____ | |
| Please only schedule clients for hours and mileage authorized by AVCC, LLC (per this authorization form). AVCC, LLC does not reimburse for unauthorized hours or mileage. Please contact AVCC with any questions at info@avcchomecare.com or 1-855-601-4770 | |
| AVCC, LLC Staff Signature: _____ | Date: <u>04/09/2018</u> |
| → PLEASE SIGN AND FAX BACK TO (855) 601-4771 ← This authorization is not valid until returned with Provider signature. Please sign and return within 24 hours. | |
| Homecare Provider Staff Signature: _____ | Date: _____ |
| <small>This electronic mail (including any attachments) may contain information that is privileged, confidential, and/or otherwise protected from disclosure to anyone other than its intended recipient(s). Any dissemination or use of this electronic mail or its contents (including any attachments) by persons other than the intended recipient(s) is strictly prohibited. If you have received this message in error, please notify us immediately by reply email so that we may correct our internal records. Please then delete the original message (including any attachments) in its entirety.</small> | |



SAMPLE AUTHORIZATION

After receiving an authorization, sign it and fax it back to AVCC.



INVOICE FORMAT

• **AVCC DOES NOT REQUIRE A SPECIFIC BILLING FORMAT OR DESIGN; HOWEVER, THE FOLLOWING INFORMATION MUST BE INCLUDED:**

- Company Name (legal business name)
- Company Tax ID
- Contracted Hourly Rate
- Unique Invoice Number for Every Invoice
- Client's Name
- Number of Hours Provided (the same as authorized hours)
- Date of Service Hours Provided



SAMPLE INVOICE

INVOICE

INVOICE # 030619

DATE: 03-31-2019

CLIENT NAME: JOHN DOE

HEMOCARE COMPANY
ADDRESS
CITY, STATE ZIP
Phone: ###-###-####
Fax: ###-###-####
TAX ID: 12-3456789

| DATE | CLIENT NAME | QUANTITY | DESCRIPTION | HOURLY RATE | TOTAL |
|----------|--------------------|-----------|-------------------------|-------------------------|---------------|
| 03/01/19 | John Doe | 3 | CAREGIVING/HOUSEKEEPING | 22.50 | 67.50 |
| 03/02/19 | John Doe | 3 | CAREGIVING/HOUSEKEEPING | 22.50 | 67.50 |
| 03/06/19 | John Doe | 2 | CAREGIVING/HOUSEKEEPING | 22.50 | 45.00 |
| 03/08/19 | John Doe | 2 | CAREGIVING/HOUSEKEEPING | 22.50 | 45.00 |
| 03/20/19 | John Doe | 3 | CAREGIVING/HOUSEKEEPING | 22.50 | 67.50 |
| 03/27/19 | John Doe | 3 | CAREGIVING/HOUSEKEEPING | 22.50 | 67.50 |
| | TOTAL HOURS | 16 | | TOTAL AMOUNT DUE | 360.00 |



MONTHLY INVOICES

- MONTHLY INVOICES SHOULD BE SUBMITTED **ON THE 1ST THROUGH THE 5TH** OF THE MONTH FOLLOWING CARE.
- PAYMENT FOR INVOICES WILL BE ISSUED THE 7TH OF THE FOLLOWING MONTH.
 - For example, April care should be submitted May 1st through May 5th. Payment will be issued by June 7th.



SUBMITTING AN INVOICE

- **NO PRE-BILLING OF CARE INVOICES WILL BE ACCEPTED.**
- **EACH BILL SUBMITTED MUST HAVE ACCURATE INFORMATION, OR PAYMENTS CAN GET DELAYED!**
- **IF ANY OF THE INFORMATION IS NOT LISTED ON THE INVOICE, OR IF THE INVOICE IS NOT CORRECT, OR NOT RECEIVED BY THE 5TH OF THE MONTH, IT WILL DELAY PAYMENT UNTIL THE FOLLOWING PAYMENT CYCLE.**
- **AVCC WILL CONTACT YOUR OFFICE IF WE RECEIVE ANY INCORRECT INVOICES. YOU MUST CORRECT AND RESUBMIT YOUR INVOICE TO AVCC FOR PAYMENT.**



SUBMITTING AN INVOICE (CNTD.)

- BILL AVCC DIRECTLY FOR ALL AUTHORIZED AVCC HOURS.
- DO NOT BILL AVCC FOR ANY HOURS IN EXCESS OF THE HOURS AVCC AUTHORIZES.
- PLEASE SEND INVOICES ON A REGULAR MONTHLY BASIS FOR THE MOST SUCCESSFUL PAYMENT TURNAROUND.
- MILEAGE REQUIRES PRIOR AUTHORIZATION.
- PROVIDER MAY BILL AVCC FOR A MILEAGE CHARGE EQUAL TO THE STANDARD FEDERAL MILEAGE REIMBURSEMENT RATE WHEN PROVIDING CLIENT TRANSPORTATION SERVICES, **AS LONG AS THEY RECEIVE AUTHORIZATION FROM AVCC BEFORE STARTING SERVICES.**



SUBMITTING AN INVOICE (CNTD.)

Please send monthly invoices to any of the following:



billing@avcchomecare.com

EMAIL



Attn: Billing Dept. toll-free (855) 601-4771

FAX



Attn: Billing Dept.,
12300 Old Tesson Road Suite 400C
St. Louis, MO 63128

MAIL

Our preferred method of invoicing is emailing to our centralized billing email, it is the most efficient and effective method of submission.

If you have any questions regarding Billing/Payment Issues, please call our billing department at **(855) 601-4770**



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QUESTIONS?

If you have any questions feel free to call 855-601-4770 ext. 303 or email at billing@avcchomecare.com