



Professional Interpreter Service Invoice

Bill To: Doral - Smiles For Children
 12121 N. Corporate Parkway
 Mequon, WI 53092
 Attn: Lori Howley
 Fax: 262-241-7366

Send Payment To: Name of Payee: _____
 Address: _____
 Address: _____
 City, State, Zip: _____

Provider Name: _____

Provider's Signature: _____

Date of Invoice: _____

To be eligible for reimbursement:

- ▶ A copy of the professional interpreter service's invoice or statement for each case being billed to Doral must be included.
- ▶ Services must be rendered in conjunction with an eligible SFC dental service and the claim for these services must be reflected in Doral's claims system.
- ▶ SFC Professional Interpreter Service Invoice Form must be completed and submitted to Doral within 180 days from the date the interpreter service is utilized.

Note: Charges incurred for a missed or broken appointment are not eligible for reimbursement.

	Date of Service	Member Name <i>(Please include only one Member Name per Case)</i>	Member ID	Professional Interpreter Service Name	Total \$ Amount
Case 1					
Case 2					
Case 3					
Case 4					
Case 5					
Case 6					
Case 7					
Case 8					
Case 9					
Case 10					
TOTAL INVOICE:					

Thank You for Your Participation in the Smiles For Children Program.