## How does Invoice Express *work?*

- **Invoice Express** is a way to submit an invoice over a touch tone phone.

- Several days of processing time are saved when you use **Invoice Express.**

- For each line of your invoice, use your telephone number pad to report units served.

- You must mail in your invoice to **lower** your rate. **Invoice Express** does not allow rate changes by telephone.

- The information you enter goes into the main computer in Olympia the day your call is completed.

- You can enter your invoice by telephone at any time.

- Do not worry about having your invoice returned because of errors. You can correct errors on the spot.

- Once your claimed services have been put into SSPS either by mail or telephone, **Invoice Express** will not let you enter an invoice a second time.

## What should I do with my **paper invoice**?

- Fill out your invoice before you call **Invoice Express**. Use it to help you report the units served.

- **Do not** mail in your invoice. Keep it for your records.

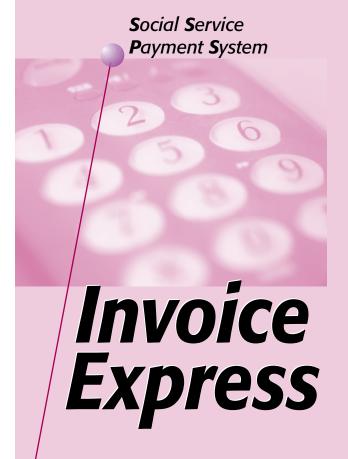## For information on *Direct Deposit –*

- **Send a request to:**

  SSPS Direct Deposit Desk
  PO Box 45812
  Olympia, WA 98504-5812

- **Or fax the request to:**

  (360) 664-6182

Please include your name, address, phone number and SSPS provider number.

*Washington State*
**Department of Social & Health Services**

## Social Service Payment System

# Invoice Express

The fast, easy way to submit your SSPS invoice for payment!

*Provider/Payee Toll Free Number*

**1-888-461-8855**

# *Invoice Express*



## The fast, easy way to submit your SSPS invoice for payment!

## Use your invoice to report services by telephone

**1** Your first question to answer when calling Invoice Express is whether your invoice is Regular or Supplemental. The answer to that question is found here.

**2** You will be asked to use the numbers on your telephone to enter the first 3 digits and then the 6 digits after the letter and dash of your Invoice Number.
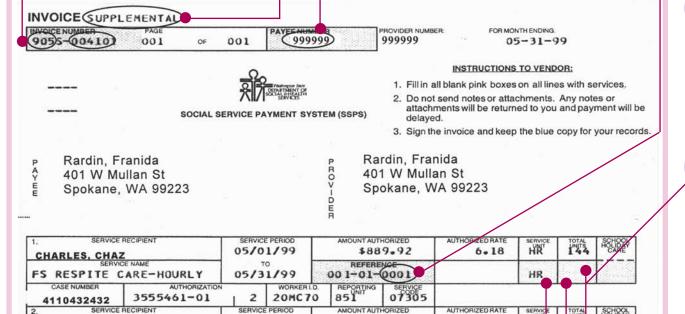
**3** To make sure no other person can get to your invoice by telephone, you will be asked to enter the payee number shown in this gray shaded box.

**4** Invoice Express will read the last 4 digits of your reference number, so that you will know which line you are on.

**5** The lines will be read to you starting with 0001, until you have entered the number of units you have served or a 0 on all service lines.

**6** Invoice Express will read to you the type of service unit. In the case of months (MON), you will be able to report either a full month or a partial month by reporting the number of days served (DA).

**7** When you are asked to enter the units, use the numbers on your telephone number pad.

INVOICE SUPPLEMENTAL

| INVOICE NUMBER | PAGE | | PAYEE NUMBER | PROVIDER NUMBER: | FOR MONTH ENDING: |
|---|---|---|---|---|---|
| 905S-00410 | 001 | OF 001 | 999999 | 999999 | 05-31-99 |

Washington State
DEPARTMENT OF
SOCIAL & HEALTH
SERVICES

SOCIAL SERVICE PAYMENT SYSTEM (SSPS)

**INSTRUCTIONS TO VENDOR:**

1. Fill in all blank pink boxes on all lines with services.
2. Do not send notes or attachments. Any notes or attachments will be returned to you and payment will be delayed.
3. Sign the invoice and keep the blue copy for your records.

PAYEE
Rardin, Franida
401 W Mullan St
Spokane, WA 99223

PROVIDER
Rardin, Franida
401 W Mullan St
Spokane, WA 99223

| 1. SERVICE RECIPIENT | SERVICE PERIOD | AMOUNT AUTHORIZED | AUTHORIZED RATE | SERVICE UNIT | TOTAL UNITS | SCHOOL HOLIDAY CARE |
|---|---|---|---|---|---|---|
| CHARLES, CHAZ | 05/01/99 | $889.92 | 6.18 | HR | 144 | |
| SERVICE NAME | TO | REFERENCE | | | | |
| FS RESPITE CARE-HOURLY | 05/31/99 | 001-01-0001 | | HR | | |

| CASE NUMBER | AUTHORIZATION | | WORKER I.D. | REPORTING UNIT | SERVICE CODE | |
|---|---|---|---|---|---|---|
| 4110432432 | 3555461-01 | 2 | 20MC70 | 851 | 07305 | |

| 2. SERVICE RECIPIENT | SERVICE PERIOD | AMOUNT AUTHORIZED | AUTHORIZED RATE | SERVICE UNIT | TOTAL UNITS | SCHOOL HOLIDAY CARE |
|---|---|---|---|---|---|---|
| CHARLES, CHAZ | 05/01/99 | $10.23 | 0.31 | MI | 33 | |
| SERVICE NAME | TO | REFERENCE | | | | |
| DDD FS TRANSP - MILES | 05/31/99 | 001-02-0002 | | MI | | |

| CASE NUMBER | AUTHORIZATION | WORKER I.D. | REPORTING | SERVICE |

***** These are the bolded boxes on your invoice.