

G-2026-Regional Center Operations-001  
Attachment

ebilling system Your selected service provider is: HC-POS VENDOR

Attendance Calendar Data Entry

Consumer Name: DA-LAST, CR-FIRST UCI #: Service Code: 531 - ADULT DAY PROGRAM Invoice P/Line #: 0492572 / 1  
 Authorization #: Auth Dates: 07/01/25 - 06/30/26 Units Type: DMS Service Subcode: Invoice Date: 2026-03-23  
 Authorized Units: 100.00 Authorized Amount: 3409.00

March 2026

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Invoice Details

Full Month Service  
 No Service  
 Last Month of Service ?  
 Defer (Regenerate Invoice Line)  
 Exit Date:

Number of days remote services were provided:

Invoice Line Summary

Total Units:  /  Days  
 Unit Rate: 34.099  
 Gross Amount: \$0  
 Received Revenue Details  
 Total Received Revenue: 0.00  
 Net Amount: 0.00  
 Overage Reason:

Invoice Details

No Service  
 Last Month of Service ?  
 Defer (Regenerate Invoice Line)  
 Exit Date:

Number of days remote services were provided:

Regional Center  
**Invoice History Detail Report**

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Provider #: HC-POS VENDOR  
 Name:  
 Address:

Invoice Date: 03/23/2026  
 Invoice #: 0492564  
 Service Mnth/Yr: 07/2025  
 Total Units: 0  
 Total Amount: 0

Client Name	UCI#	Auth #	Auth Dates	Total Service Units	Sub-Code	Unit Type	Total Amount	Notes	Total Service Days	Remote Service Days
DA-LAST, CR-FIR			07/01/25-06/30/26	531	D			Proration Reqd	5	2
LA-LAST, PA-FIR			07/01/25-06/30/26	531	D				31	0
SE-LAST, WE-FIR			07/01/25-06/30/26	531	D			Proration Reqd	10	3

----- End of Report-----