

INVOICE SUBMISSION GUIDELINES

REGION 3

Middletown/Norwich/Willimantic

- Only **pre-approved services** will be reimbursed. You **must** receive an approved Wrap Service proposal prior to services commencing and services extending. If you do not receive the approved proposal **do not** initiate the service, this also applies to **reauthorizations** to continue services.
- All invoices must either be **mailed or email** to **Accounts Payable** to the serviced offices: **(email is preferred method)**

DCF Middletown Office: Middletown.invoicemailbox@ct.gov
2081 South Main Street; Suite A., Middletown, CT 06457

DCF Norwich Office: Norwich.invoicemailbox@ct.gov
2 Courthouse Square, Norwich, CT 06360

DCF Willimantic Office: Willimantic.invoicemailbox@ct.gov
322 Main Street, Willimantic, CT 06226

- Do not send any invoices to social workers, they will not be processed.
- Each invoice submitted should include the following information:
 - Provider name and ID number
 - Name of your employee who provided the service
 - DCF Social Worker name
 - LINK Case ID number
 - Name and LINK ID number of child receiving service
 - Specific service provided
 - Specific dates of service
 - Attach required monthly progress/status reports.
- For Transportation Providers, please be sure to include ALL required information from the DCF Credentialed Provider Transportation Invoice form which is located on the Advanced Behavioral Health website.
- For Daycare Providers, if you are receiving any payments from Care-4-Kids, please note on invoice.
- Invoices should be billed by the 10th of the following month for services that were provided.
- ***Any incorrect invoice submitted will be returned for revision; we will no longer correct and pay.***
- Failure to adhere to our invoice submission requirements will delay payment processing.

DCF AREA OFFICE GRANTS & CONTRACTS SPECIALIST

Monique Provencher

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