PC-51
NEW 10/2017

RESET

INVOICE FOR SERVICES FOR
PHYSICIANS / PSYCHOLOGISTS / INTERDISCIPLINARY TEAM

STATE OF CONNECTICUT
PROBATE COURT ADMINISTRATION

Invoice Number	Invoice Amount	SSN XXX-XX-__ __ __ __ OR FEIN __ __- __ __ __ __ __ __ __
	$ 0	

Vendor Information:

Payee Name:

Address:

Address:

City: State: Zip Code:

Area for Probate Administration Use Only:

Voucher #_____

FOR SERVICES PERFORMED IN THE MATTER OF: _____

PROBATE COURT: _____

DATE OF COURT ORDER: _____

TYPE OF MATTER: _____
(Commitment, Placement or Sterilization of Intellectually Disabled, Etc.)

<u>Commitments</u> to a DMHAS hospital MUST be billed on a PC-50.

Date of Service	Description of Services Rendered	Time (in increments of .1 Hr.)	Rate	Amount
	Examination/Evaluation:			
	Travel:			
	Report:			
	Hearing:			
	TOTAL			$

Send completed invoice to the appointing Probate Court for Judge's certification.
For questions about fee schedule, completing an invoice, payment status or check amount, call (860) 231-2442.

Issued: 10/01/2017