

Michigan Public Health Institute
Attn: Kelly Schaibly
2364 Woodlake Drive, Suite 180
Okemos, MI 48864

SITE REVIEWER INVOICE

VIRTUAL SITE VISIT

Submit completed invoice when site visit is complete. Payable to: (please print)

Name		
Billing Address		
City	State	ZIP
Phone Number		
Name of hospital reviewed:		
Description of Service Performed (include site visit date):		

Calculation of Fees and Expenses

Professional Service Fee (<i>Flat rate; see below</i>)	\$
Lead Reviewer Fee (<i>Flat rate; see below</i>)	\$
Grand Total Reimbursement Requested for Fees	\$

Certification

I hereby certify that I have performed the services described above and therefore request payment.

Site Reviewer Signature

Date

Instructions:

- 1) **Fill out the invoice completely.**
- 2) **Scan the invoice.**
- 3) **Submit the invoice to the State Trauma Designation Coordinator at traumadesignationcoordinator@michigan.gov.**

Professional and Lead Reviewer Fees:

- Physician Fee: \$1300
- Nurse or Physician Assistant Fee: \$800
- Lead Reviewer Fee: \$200

Focused Visit Professional and Lead Reviewer Fees:

- Physician Fee: \$800
- Nurse or Physician Assistant Fee: \$500
- Lead Reviewer Fee: \$200