

Fee Agent Billing Report

District Number _____ Region _____ Report Month _____

Payee's or Fee Agent's Name (Please Print)	Payee's or Fee Agent's SSN	Payee's or Fee Agent's Address and Zip Code	Gen 50B	Gen 72, Gen 132, Gen 75, Gen 148, Gen 60	Pend Letter	Total Amount Due
			X \$25=	X \$15=	X \$5=	\$
			X \$25=	X \$15=	X \$5=	\$
			X \$25=	X \$15=	X \$5=	\$
			X \$25=	X \$15=	X \$5=	\$
			X \$25=	X \$15=	X \$5=	\$
			X \$25=	X \$15=	X \$5=	\$
			X \$25=	X \$15=	X \$5=	\$
			X \$25=	X \$15=	X \$5=	\$
			X \$25=	X \$15=	X \$5=	\$
			X \$25=	X \$15=	X \$5=	\$

Submitted for payment by (Print Name) _____

Office Phone _____

Signature _____

Date _____

Gen 50B	Gen 72	Gen 132 or Gen 75	Gen 60	Pend Letter
APA CAMA GRA	ATAP FS MEDICAID	APA Review FS Recert GRA Review Medicaid Review	Denali KidCare Pregnant Woman GR Burial	Medicaid