Texas Blue Chip

PROVIDER INVOICE

SUBMIT INVOICE TO
accounting@mmhpi.org

DATE OF SERVICE	CLIENT IDENTIFIER	SERVICE DESCRIPTION	UNIT PRICE	UNITS	AMOUNT
				TOTAL AMOUNT	

Payment Terms: NET 30

PROVIDER INFORMATION		INVOICE DETAILS	
Practice Name		Invoice #	
Clinician Name		Invoice Date	
License # / Credential		Tax ID / EIN	
Street Address		Email	
City, State, ZIP		Phone	

Complete both sections below. These are separate questions — an officer or 911 telecommunicator may qualify under both, so 'Yes' to one does not rule out 'Yes' to the other.

Texas Municipal League Member City ☐ Yes ☐ No
Police and 911 Telecommunicators only — check Yes if the officer's employer is a TMLIRP member agency

Responded to Texas Hill Country Floods (2025 / 2026) ☐ Yes ☐ No

First Responder Type ☐ Police ☐ Fire ☐ EMS ☐ 911 Telecommunicator
If "Yes" above, indicate the responder's type

I certify that the services described above were rendered as stated and that this invoice is true and correct.

Provider Signature	Date

All fields required.