

**NEMCSA Region 9 Area Agency on Aging
MI Choice and Care Management Programs**

All paper invoices must have the following information:

1. Vendor Name
2. Participant Name
3. Billing Month and Year
4. Date of Service
5. HCPC and Service Name
6. Number of Units Provided
7. Cost Per Unit
8. Total Cost Per Unit
9. Invoice Total

All paper invoices must be mailed into the NEMCSA office and contain original signatures. Mail to:

NEMCSA-Region 9 AAA
Community Based Care
2569 US-23 South
Alpena, MI 49707