Informal Provider Invoice

Name of insured

First name M.I. Last name

Date	Total hours	Charge per hour	Total charge
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
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			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
Total			$

Description of services provided: (standby or hands-on assistance)

☐ Bathing ☐ Dressing ☐ Transferring ☐ Continence ☐ Toileting
☐ Feeding ☐ Supervision/safety ☐ Other _____

Printed name of provider: _____

Relation to insured: _____

Address of provider: _____

Do not sign or date until after services have been provided

Signature of provider: _____ **Date** ____ / ____ / ____

Signature: _____ **Date** ____ / ____ / ____
(Insured person or legal representative)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

The **Federal** Long Term Care Insurance Program™
P.O. Box 797
Greenland, NH 03840-0797

The Federal Long Term Care Insurance Program is
sponsored by the U.S. Office of Personnel Management,
offered by John Hancock Life & Health Insurance Company, Boston, MA 02117,
and administered by Long Term Care Partners, LLC

John Hancock