



Home and Community-based Services/Texas Home Living  
**Dental Summary Sheet**

Service Month and Year	Component Code	Contract No.	Contact Person	Area Code and Telephone No.
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Name (Last, First, Initial)	Client Care ID No.	Service Date (MM,DD,YY)	Service Code	Dollars Spent	Requisition Fee
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
Total					

I certify by submission of this form that it meets all requirements set forth in the Home and Community-Based Services/Texas Home Living Billing Guidelines.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date