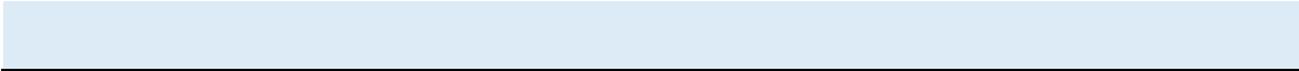




CLARK COUNTY SOCIAL SERVICE RX PHARMACY INVOICE



Facility Name

TO:

CLARK COUNTY SOCIAL SERVICE

1600 PINTO LANE

LAS VEGAS, NV 89106

Email: Kaylene.Zielinski@ClarkCountyNV.gov

Phone: 725-272-0266

Invoice #

Invoice Date

Current Billing Period

Previously Billed Charges

Current Charges

RX COUNT	DESCRIPTION
0	<p>PHARMACY CHARGES: CLIENT NAME & CASE # - PHARMACY NAME</p> <div style="background-color: #e0f0ff; height: 150px; margin-top: 10px;"></div> <p style="font-size: small; margin-top: 10px;">*Disputed charges must be communicated to NAME OF FACILITY within 30 days of receipt of this invoice.</p>
This invoice has all attached detail.	
<i>If previous balance has already been paid, please disregard.</i>	
	SUBTOTAL

DIRECT ALL INQUIRIES TO:

NAME OF NURSING HOME

ATTN:

Phone:

Fax:

Email:

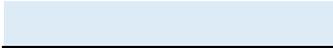
MAKE ALL CHECKS PAYABLE TO:

NAME OF NURSING HOME

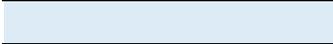
STREET ADDRESS

CITY, STATE, ZIP

Please email a copy of the invoice to Kaylene Zielinski or
CCSSInvoices@ClarkCountyNV.gov by the **5th** of the month



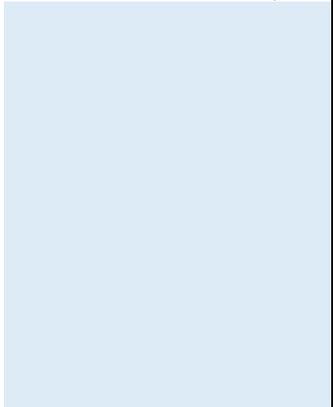
4/20/25



\$0.00

AMOUNT

\$0.00



\$0.00

\$0.00

\$0.00

PAY THIS AMOUNT



