



## ODHS Fee for Service Contract Invoice

CF0846  
(10/2022)

### Payee Information

Payee number: 1155863  
Payee name: Dynamic Life Inc  
Payee address: 7554 Kayla Shae St NE Keizer, OR 97303  
(Street, City, State, ZIP)

Payee contact: Rylee Webber  
Contact email: [rylee@dynamiclifepnw.org](mailto:rylee@dynamiclifepnw.org)  
Contact phone: 503 602 2044

Invoice number: SN-Jul 23  
ODHS Branch | County: Albany | Linn  
Billing month/year: July 2023

Validated Amount \$83,333.33

*Rylee Webber*

8/1/2023

Payee Electronic Signature

Date

Payee Invoice comments (if needed):

Total Invoice \$83,333.33

Example comment: This invoice was submitted to Newport and Coos Bay branches for approval.

| Line # | Contract Number | Case Number | Participant Number | Participant Last Name | Participant First Name | Service Category         | Service Type           | Service Start Date | Service End Date     | Rate Per Unit | Number of Units | Invoiced Amount  | Service Outcome | OFS Only          |
|--------|-----------------|-------------|--------------------|-----------------------|------------------------|--------------------------|------------------------|--------------------|----------------------|---------------|-----------------|------------------|-----------------|-------------------|
| 1      | 178164          |             |                    |                       |                        | Counseling & Therapeutic | Coaching - Youth & Fam | 7/1/2023           | 7/31/2023            | \$83,333.33   | 1               | \$83,333.33      | N/A             | Paid 8/23/2023 KS |
| 1      | Payee Notes:    |             |                    | Branch/Office: Albany |                        | ODHS Notes:              |                        |                    | Payment ID: 16810509 |               |                 | Validation Code: | OP              |                   |

