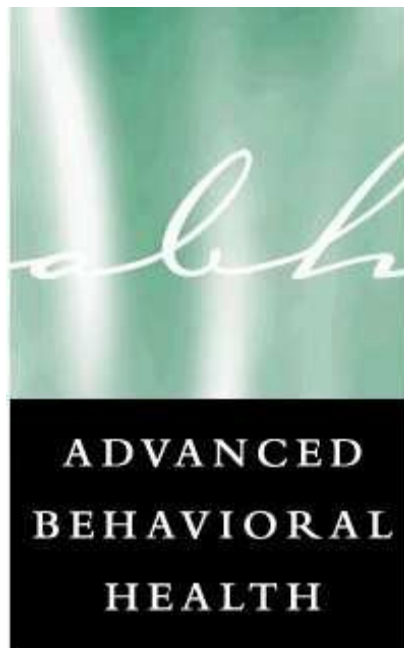


**State of Connecticut
Department of Mental Health and Addiction Services**

**Recovery Supports Program
Web Based System**

User Manual



Updated 03/25/2010

Table of Contents

- I.** Introduction
- II.** System Access / System Requirements
- III.** Security Information
- IV.** Using the System – Access
- V.** Using the System - Applicant Registration
- VI.** Using the System - Service Request
- VII.** Using the System - Viewing Outcomes
- VIII.** ETC

Addendum

- 1.** Rights and Responsibilities Statement
- 2.** Landlord Verification Form
- 3.** ETC

Introduction

The Recovery Support Program (RSP) web-based system was developed in 2010 to introduce new efficiencies to agencies providing treatment services for applicants served by the Medicaid for Low Income Adult (LIA) program. The application uses the latest Internet technology to provide a safe, secure method to approved users for the following functions:

- **View site-specific current and historical RSP information for individuals registered with the RSP through your agency.**
- **Register applicants for the RSP program and request initial and ongoing recovery supports.**
- **View the outcome of all requests for supports including details on when and where to pick up supports or the rationale for denials.**

System Access / System Requirements

Due to the confidential nature of the information contained in the Electronic Review System, users must possess an active login and password to access ERS. Access to the system is granted upon successful completion of training, which takes approximately one (1) hour. ABH must obtain approval for any access to ERS from your immediate supervisor before a login/password will be granted. It is expected that any login/password will NOT be shared; this will preserve the integrity of the system.

In order to successfully access this secure internet-based system, users must have accessibility to the Internet. To successfully view the system, the computer used must have an Internet browser that will allow viewing of 128-bit encrypted transmission. The following are the minimum system requirements for Internet browsers:

- | | |
|----------------------------------|-----------------------|
| • Internet Explorer (Microsoft): | Version 8.0 or higher |
| • Safari | Version 5.0 or higher |
| • Firefox | Version 3.6 or higher |
| • Google Chrome | Version 9.0 or higher |

If your current Internet browser does not support use of ERS, access to browser upgrades has been made available through the Advanced Behavioral Health, Inc. web site at www.abhct.com.

ERS is best viewed using the 800x600 resolution of your computer screen setting. The system may be viewed adequately at other resolutions such as 640X480, but use of the system is optimal at 800x600. The minimum modem speed should be no less than 56K.

Security Information

Advanced Behavioral Health, Inc. is committed to protecting confidential applicant information while ensuring compliance with state and federal regulations regarding privacy and confidentiality. With Advanced Behavioral Health's security infrastructure in place as well as the security built into your own browser, we are confident that your online information is protected from those individuals not approved for access. Advanced Behavioral Health, Inc. uses 128-bit encryption during your online sessions to safeguard your data. Encryption is essentially a sophisticated way of scrambling the information you enter online before it leaves your computer, so that it will be totally unreadable if it is intercepted by another party. You can identify that your online information is encrypted in Netscape if the small key or lock at the bottom left-hand corner of your screen is unbroken. Users of Microsoft web browsers will see a lock appear during an encrypted session.

Other Security Features

We have in place a "Firewall" which is highly sophisticated software and hardware that reviews data coming in and out of our system, so that only authorized users are able to pass information in to our RSP Web-Based system. Users have limited access to the minimally necessary applicant-specific, site-specific current and historical authorization information stored in our RSP system, but are restricted from access to any clinical data. The data entered by system users are stored on secure servers within ABH. ABH servers physically reside in a locked data center and are protected against data loss. The data center stores data entered in a daily backup and maintains these backup files inside and outside of the organization for redundancy and recovery purposes. To help you ensure that you are really connected to the RSP Web-Bases system during your online sessions, we use digital identity verification. ABH has a digital server certification from VeriSign™ which your browser uses each time you sign on to let you verify that you are connected to ABH, Inc. . This certificate enables the IIS server to perform SSL encryption at the 128-bit level. The server certification can be viewed at the bottom of the page by clicking on the VeriSign™ gold medal symbol. Lastly, we have other security measures that we have put in place which are HIPAA compliant and reflective of industry standard. These security measures are in place to guarantee that we meet our commitment to protecting and serving the applicants served by the Recovery Support Program (RSP), as well as improving the efficiency of your agency.

BASIC SYSTEM DISPLAY INFORMATION

The following items appear throughout the system:

Field

Individual piece of information on a form (i.e.: Last Name, Gender, etc.)

Command Buttons with Text:



Clicking the save button will move the user to the next page in the application. If the user is on the last page, continue will bring them back to the beginning of the application and to a confirmation screen.



Print

In order to print a copy of the information entered in the Demographics/Services a user can click on the print button. They will then have a hard copy of the information.

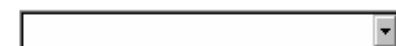
Data Entry Boxes – Types

A simple rectangular text input field.

Text Box – used for entry of free form text fields, numbers, dates. Some text boxes assist the user by using a template for data entry. For example numbers should be entered in the following formats

- Social Security number: xxx-xx-xxxx,
- Phone/Fax number: xxx-xxx-xxxx,
- Dates: mm/dd/yyyy,
- Dollars: 00.00

Please note that the system does not spell check your entries. Please enter information exactly as you want it stored.

A rectangular box with a small downward-pointing arrow on the right side, indicating a dropdown menu.

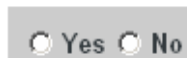
Drop Down Select (Combo Box) – used for selecting values from a pre-determined list of allowed values for that Field. The value can either be selected by clicking on the gray "Down" arrow at the end of the Combo Box, or by typing the entry. The user will be prompted if the typed entry does not match any selections on the list.



CheckBox

Used when a response to a question is either Yes or No – If Checked the Response is Yes. If not checked, the response is No. Checkboxes will many times cause other fields to become Enabled and/or Required.

Radio Buttons

Two radio buttons labeled "Yes" and "No". The "Yes" button is selected.

Radio Buttons – allow the user to choose an option from a group of selections. In this type of scenario, only one option may be chosen. Many times, once an option is chosen, another button must be clicked to continue forward.



Registration/ Inquiry Button- clicking the registration/ Inquiry button will bring them back to the default screen (Search Screen)

Using the System – Access

Because of the need to protect the information collected by Advanced Behavioral Health, Inc. access to the RSP web-based system is restricted to approved users only. To obtain access to the system an individual must:

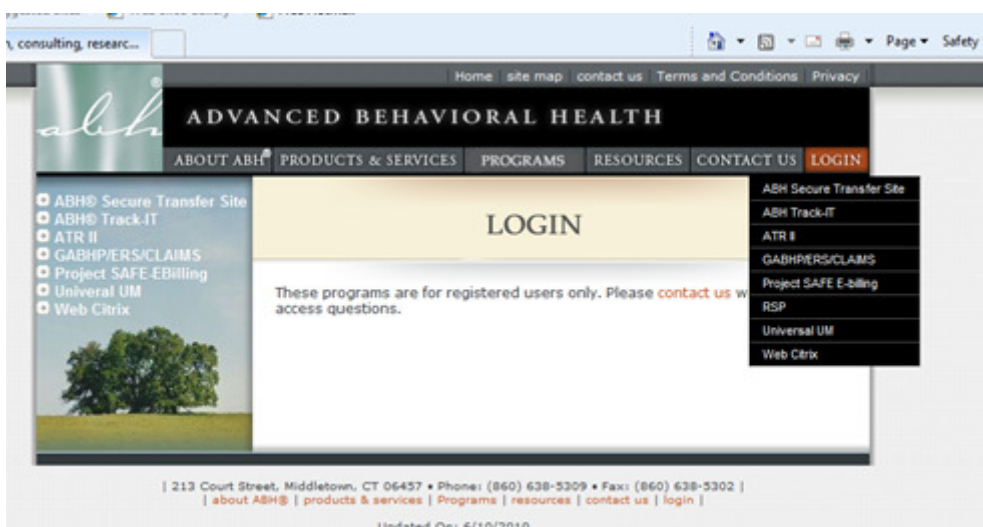
- Be employed by a provider who is contracted with Department of Social Services (DSS) to provide clinical services to applicants receiving Medicaid for Low Income Adults (LIA) or be a provider approved by the Department of Mental Health and Addiction Services (DMHAS).
- Request access through completing a user “statement of confidentiality” form. It is up to each individual provider to notify and receive permission from their direct supervisor regarding accessing the RSP web-based application.
- Receive training provided by Advanced Behavioral Health, Inc. in the proper use of the system.
- Receive a unique individualized login and password which is to be used by the registered user ONLY.

Login/Password Access

Access to the Login screen is obtained by going to the Advanced Behavioral Health, Inc. web site address given to you at the time of training (see below).



On the right side of the home page, you will see a LOGIN tab that includes an RSP option.



If you select the RSP option you will be brought to the login screen.

Once you connect to the www.abhct.com site, and you have navigated to the RSP log in screen, you will need to enter your username and password. All individual users will receive a unique login and password after received the proper training completing the "Statement of Rights and Responsibilities" (available on the ABH® website).

The screenshot shows the login interface for the Recovery Supports Program. At the top, there is a navigation bar with links for Home, site map, and contact us. The main header features the ABH logo and the text "ADVANCED BEHAVIORAL HEALTH". Below this, a yellow banner reads "Recovery Supports Program". On the left, there is a vertical image of a forest path with the text "Developing customized behavioral health solutions that deliver results". The login area contains two input fields: "User ID :" and "Password :", followed by a "LOG IN" button. At the bottom, there are logos for ABH and dmhas, a link to the "RSP - User Manual", general help contact information, a copyright notice, and a VeriSign Trusted logo.

Type your assigned login in the field for User Name. Move to the Password window by hitting the Tab key on your keyboard *OR* by clicking your mouse on the Password field. Once you have entered both your User Name and Password, hit the Enter key on your keyboard *OR* click your mouse on the LOG IN button to the right of the Password field. If you have entered your User Name and Password correctly, the screen shown below, known as the Registration / Inquiry Screen, should appear.

The screenshot shows the Registration / Inquiry screen. At the top, there is a navigation bar with links for Home, site map, and contact us. The main header features the ABH logo and the text "ADVANCED BEHAVIORAL HEALTH". Below this, there are tabs for "Registration / Inquiry" and "Logout". The user's name, "Paul Zakarian", is displayed. The provider is listed as "ALCOHOL AND DRUG RECOVERY CENTERS, INC. (56 COVENTRY ST. HARTFORD, CT)". The form includes fields for "Confirmation #:", "Last Name:", "First Name:", "SSN:", and "Date of Birth:". There are buttons for "Search" and "Register New Client". Below the form, there are checkboxes for "Open Registrations:", "Active Clients", and "Inactive Clients". A red message at the bottom states: "There are No Pending client registration at this time !!!".


Please note that each user is linked to a specific provider site. In this screen you can **register new applicant** or check the status (**search**) of an applicant who has already been registered. If you select **register new applicant** you will be brought to the following screen:



[Home](#)
[site map](#)
[contact us](#)

ADVANCED BEHAVIORAL HEALTH

[Registration / Inquiry](#)
[Logout](#)

[Back](#)


User Name: Paul Zakarian
Provider: ALCOHOL AND DRUG RECOVERY CENTERS, INC., 56 COVENTRY ST, HARTFORD (Active) ▼

APPLICANT INFORMATION


DATE: 10/13/2010 (mm/dd/yyyy)
APPLICANT'S LAST: **FIRST:**
DATE OF BIRTH: (mm/dd/yyyy) **SSN#:** (xxx-xx-xxxx) **MEDICAID #:**
GENDER:

PROVIDER INFORMATION

PROVIDER NAME: ALCOHOL AND DRUG RECOVERY CENTERS, INC., ▼ **PHONE:** (860) 714-3705 (999) 999-9999
ADDRESS: 56 COVENTRY ST **SECURE FAX:** (999) 999-9999
CITY: HARTFORD **STATE:** CT ▼ **ZIP CODE:** 06112
NAME OF PERSON COMPLETING FORM:
Do you have a Valid, Signed ROI for this client ☐ Yes ☐ No
Status of this Registration will be sent to you via this Email address: pzakarian@abhct.com

Data Entry Hint: If you skip a required field you will receive a reminder message and be brought back to that field when you hit *Save / Submit*.

The *Provider Information* fields will be pre-populated based on information provided on the access form. All of the *Applicant Information* fields need to be completed. The *ROI* question and the *Name of Person* question both need to be completed. Once an applicant is successfully registered you will receive the following message and option of registering another client or applying for services.



ADVANCED BEHAVIORAL HEALTH

User Name: Paul Zakarian
Provider: ALCOHOL AND DRUG RECOVERY CENTERS, INC. (56 COVENTRY ST, HARTFORD, CT) ▼

You have successfully submitted this Registration !!!

Registration Confirmation #: 8
Client Name: hill, joe

You need to fax this page along with the below documents to
 © at: (866) 249-8766
 ■ Signed Release of Information

Please note this Registration will be reviewed by RSP Staff and the status of the registration will be determined within 24 hours.
If you have any questions, please call (800) 658-4472

You may enter another registration by clicking or
 You can go to


Print and fax this page along with the Release of Information to (866) 249-8766.

Now choose the Registration/Inquiry tab to begin to request for services.

Service Request

Services are requested from this screen through selecting the *Add Service Request* button.

Home | site map | contact us



ADVANCED BEHAVIORAL HEALTH

Registration / Inquiry
Logout

You are in TEST System. Data Entered in this system will be permanently deleted without notice!!!

User Name: Paul Zakarian
Provider: ALCOHOL AND DRUG RECOVERY CENTERS, INC. (56 COVENTRY ST, HARTFORD, CT) ▼

Confirmation #:

Last Name:

First Name:

SSN:

Date of Birth:

Open Registrations: ☐ ☐ Active Clients ☐ Inactive Clients

Pending Registrations: ☐

Registered Client Search Results...

Client Name (+/-)	Registration Status (+/-)	Service Requests	Service Request Status
Freebush, Gracie Lou	Completed	<input type="button" value="Add"/>	<input type="button" value="View"/>
Hill, Joe	Completed	<input type="button" value="Add"/>	<input type="button" value="View"/>
smth, jack	Completed	<input type="button" value="Add"/>	<input type="button" value="View"/>

Selecting the *Add Service Request* button brings you to the screen pictured below.

The *Applicant Information* fields are all mandatory expect for the cell phone field.
 If the client is homeless, write "homeless" in the current address field and indicate the city where they are sleeping. If they do not have a phone number enter in 999-999-9999.

The *Clinical Treatment Provider Information* fields are all mandatory. If you are the **clinical** provider submitting the request you will select YES and the provider information will auto populate. You will need to enter the level of care, admission date and expected discharge date. If you are the **housing** provider submitting the request you will select NO and enter the clinical provider indicated on the Treatment Verification Form.

User Name: Paul Zakarian
Provider: ALCOHOL AND DRUG RECOVERY CENTERS, INC., 56 COVENTRY ST, HARTFORD (Active) ▼

APPLICANT INFORMATION

APPLICANT'S ID: 42664
APPLICANT'S NAME: Hill, Joe
SSN#: 040-80-2222

CURRENT ADDRESS: CITY:
STATE: ▼ ZIP CODE:
PHONE: (999) 999-9999 CELL PHONE: (999) 999-9999

CLINICAL TREATMENT PROVIDER INFORMATION

Is the applying provider same as clinical provider? ☒ Yes ☐ No

Clinical Treatment Provider: ALCOHOL AND DRUG RECOVERY CENTERS, INC.
Service Address of Provider: 56 COVENTRY ST
Service City: HARTFORD
Service State: CT
Service Zip code: 06112
Type of Treatment / Level of Care: ▼
Date of Admission: (mm/dd/yyyy)
Expected Date of Discharge: (mm/dd/yyyy)

APPLYING PROVIDER INFORMATION

Staff Completing Application:
Date of Application: 10/15/2010 (mm/dd/yyyy)

Based on the applicant's engagement/participation in treatment and/or other services, would you advocate for the approval of RSP assistance? ☐ Yes ☐ No

Where do you want to pick up vouchers: ▼

Do you have a valid, signed ROI for this client? ☐ Yes ☐ No **ROI must be faxed to ABH® at 1-866-249-8766**

The *Applying Provider Information* fields are all mandatory.
If you answer NO to the advocacy question the application will be denied.
You will select the voucher destination for where the applicant will pick up vouchers/gift cards from the drop down list provided. *The list of voucher destinations is provided on the ABH® web site under Resources, ABH® Downloads, Recovery Supports Program.*

Now we will begin to request services for the applicant.

Independent Living Housing & Landlord Verification Form:

In order to request this service the applicant will need to have their landlord complete the *Landlord Verification Form* prior to requesting services on-line. All fields are mandatory with the exception of the FEIN/SSN. Should we approve the service ABH® will request this information from the landlord.

☐ **INDEPENDENT LIVING HOUSING & LANDLORD VERIFICATION FORM:**

Exact Address where participant will be residing:

Participant City:

Participant State:

Participant Zip code:

Monthly Rent \$: (xxxx.xx)

Security Deposit \$: (xxxx.xx)

Name Of the Owner:

Owner Address:

Owner City:

Owner State:

Owner Zip code:

Owner Telephone Number:

FEIN / SSN:

Participant's move-in date:

Unit Type:

Other:

Number of bedrooms in the unit:

What is the maximum allowable occupancy of the dwelling or unit, per local zoning regulations?

How many people live in this household, per the lease agreement?

Are all household members related? ☐ Yes ☐ No If not, how many unrelated people live in this household?

Please list all residents permitted to use this unit:

Check any of these are included in the rent: ☐ Heat ☐ Electricity ☐ Gas ☐ Oil ☐ Hot Water ☐ Meals ☐ Other

Required document (to be faxed to ABH ®): **Land Lord Verification Form, Lease, W-9, Proof of income ONLY for initial move-in**

Supported Recovery Housing and Shelter Services:

All fields are mandatory. The list of contracted houses is available on the ABH® web site. If you are the clinical provider, you will need to contact the house directly to check for bed availability.

Basic Needs:

All fields are mandatory.

Other:

This category is specifically for items the clients need for work.. All requests are reviewed by DMHAS. Examples of *Other* requests could be for birth certificates, work boots, uniforms, tools. You will need to submit supporting documentation for the request.

☐ **SUPPORTED RECOVERY HOUSING SERVICE REQUEST:**
 Provider & Location:
 Participant's move-in date: (mm/dd/yyyy)
 Required document (to be faxed to ABH®): **Job Readiness Information ONLY if not Initial Application for Service**

☐ **SHELTER HOUSING SERVICE REQUEST:**
 Provider & Location:
 Participant's move-in date: (mm/dd/yyyy)
 Required document (to be faxed to ABH®): **Job Readiness Information ONLY if not Initial Application for Service**

☐ **BASIC NEEDS:**
 Provider & Location:
 Requested Amount: (xxx.xx)
 Required document (to be faxed to ABH®): **Job Readiness Information ONLY if not Initial Application for Service**

☐ **OTHER:**
 Explanation of item(s) being Requested and why:
 Vendor Name and Address:

[Save / Submit](#)

Once you have selected the requested services you will *Save/Submit* the application. If successful, the following screen will appear. You will be instructed to fax this page along with various other supporting documents, which will be noted in the center of the document in red along with the fax number to process the application.

User Name: Beth Lawton
Provider: SOBER SOLUTIONS, LLC (1159-A BOSTON TURNPIKE, BOLTON, CT) ▼

You have successfully submitted this Application !!!

Application Confirmation #: 42661
 Client Name: MARS, JOHN

**You need to fax this page along with the below document(s) to
 ABH® at: (866) 249-8766**

- Release of Information
- Job Readiness Information ONLY if not Initial Application for Service

After receiving the document(s), ABH® Staff will review and approve or deny the service request(s).
If you have any questions, please call (800) 658-4472

You can now go to [Registration / Inquiry](#)

It takes ABH® approximately 5 business days to process an application. If any required information is missing, you will be contacted and requested to fax the information in. To check the status of the application you will go to the main page shown below and select *View* next to the applicant you are inquiring about.

User Name: Beth Lawton

Provider: SOBER SOLUTIONS, LLC (1159-A BOSTON TURNPIKE, BOLTON, CT) ▼

Confirmation #:

Last Name:

First Name:

SSN:

Date of Birth:

Open Registrations: ☐ ☐ Active Clients ☐ Inactive Clients

Pending Registrations: ☐

Registered Client Search Results...

Client Name (+/-)	Registration Status (+/-)	Service Requests	Service Request Status
DEER, JASON	Completed	<input type="button" value="Add"/>	<input type="button" value="View"/>
DEER, JASON	Completed	<input type="button" value="Add"/>	<input type="button" value="View"/>
Largo, Kay	Completed	<input type="button" value="Add"/>	<input type="button" value="View"/>
MARS, JOHN	Completed	<input type="button" value="Add"/>	<input type="button" value="View"/>
TREE, DAVIS	Completed	<input type="button" value="Add"/>	<input type="button" value="View"/>

Once you have selected *View* you will be brought to the following screen which indicates the status and outcome of a request. This screen will show all services for the past 12 months from all providers where the client has been over the past 12 months. This is a good tool to start using to see if an application needs to be entered or if the client has already exhausted the benefits.

Client Name: MARS, JOHN
SSN: 011-00-5555

Service Requests								
Encounter #	Status	Determination Date	Service Type	From Date	To Date	Unit / \$	Invoice	Last Service Date
(+/-)	(+/-)	(+/-)	(+/-)	(+/-)	(+/-)	(+/-)		
192266	Approved	11/12/2010	Basic Needs			\$50.00		N/A
192272	To Be Reviewed		Basic Needs			\$50.00		N/A
192263	Denied	11/4/2010	Clothing			\$50.00		N/A
192250	Approved	10/6/2010	Personal			\$25.00		N/A
192250	Approved	10/6/2010	Supported Recovery Housing Services	10/1/2010	10/31/2010	30	<input type="button" value="View"/>	N/A
192263	Denied	11/4/2010	Supported Recovery Housing Services			0		N/A
192266	Approved	11/12/2010	Supported Recovery Housing Services	10/31/2010	11/30/2010	30	<input type="button" value="Invoice"/>	N/A
192273	To Be Reviewed		Supported Recovery Housing Services	11/30/2010		\$0.00		N/A

If you click on the word *Denied* for a request, a pop up window appears and gives the reason for the denial.

ADVANCED BEHAVIORAL HEALTH

User Name: Beth Lawton
Provider: SOBER SOLUTIONS

Client Name: M
SSN: 0

Service Requests

Encounter #	Status	Determination Date	Service Type	From Date	To Date	Unit / \$	Invoice	Last Service Date
(+/-)	(+/-)	(+/-)	(+/-)	(+/-)	(+/-)	(+/-)		
192266	Approved		Basic Needs			\$50.00		N/A
192272	To Be Reviewed		Basic Needs			\$50.00		N/A
192263	Denied	11/4/2010	Clothing			\$50.00		N/A
192250	Approved	10/6/2010	Personal			\$25.00		N/A

Denied Reason

25 -- Denial - Client did not submit documentation on employment search efforts or job readiness form

Close

If a Basic Needs request is approved, click on the word *Approved* and instructions regarding where and when the applicant can pick up the item will be available.

User Name: Beth Lawton
Provider: SOBER SOLUTIONS

Client Name: M
SSN: 0

Service Requests

Encounter #	Status	Determination Date	Service Type	From Date	To Date	Unit / \$	Invoice	Last Service Date
(+/-)	(+/-)	(+/-)	(+/-)	(+/-)	(+/-)	(+/-)		
192266	Approved		Basic Needs			\$50.00		N/A
192272	To Be Reviewed		Basic Needs			\$50.00		N/A
192263	Denied	11/4/2010	Clothing			\$50.00		N/A
192250	Approved	10/6/2010	Personal			\$25.00		N/A
192250	Approved	10/6/2010	Supported Recovery Housing Services	10/1/2010	10/31/2010	30	View	N/A
192263	Denied	11/4/2010	Supported Recovery Housing Services			0		N/A
192266	Approved	11/12/2010	Supported Recovery Housing Services	10/31/2010	11/30/2010	30	Invoice	N/A
192273	To Be Reviewed		Supported Recovery Housing Services	11/30/2010		\$0.00		N/A

Remarks and Instructions to Client

VOUCHER DISTRIBUTION MONDAY AND WEDNESDAY 2-4 @ HARTFORD DSS AFTER 11/12/10

Close

For Housing providers if an applicant has been approved for services at your residence, you will invoice by using the following screen. The *View* button indicates that all units have been billed. In order to bill for services you will select the *Invoice* button.

Service Requests								
Encounter #	Status	Determination Date	Service Type	From Date	To Date	Unit / \$	Invoice	Last Service Date
(+/-)	(+/-)	(+/-)	(+/-)	(+/-)	(+/-)	(+/-)		
192266	Approved	11/12/2010	Basic Needs			\$50.00		N/A
192272	To Be Reviewed		Basic Needs			\$50.00		N/A
192263	Denied	11/4/2010	Clothing			\$50.00		N/A
192250	Approved	10/6/2010	Personal			\$25.00		N/A
192250	Approved	10/6/2010	Supported Recovery Housing Services	10/1/2010	10/31/2010	30	View	N/A
192263	Denied	11/4/2010	Supported Recovery Housing Services			0		N/A
192266	Approved	11/12/2010	Supported Recovery Housing Services	10/31/2010	11/30/2010	30	Invoice	N/A
192273	To Be Reviewed		Supported Recovery Housing Services	11/30/2010		\$0.00		N/A

Once you have selected the *Invoice* button, you will see the following screen. Based on the authorization dates you can bill for services. You will not be able to bill for dates that are in the future.

User Name: Beth Lawton
Provider: SOBER SOLUTIONS, LLC (1159-A BOSTON TURNPIKE, BOLTON, CT) ▼

Client Name: MARS, JOHN
SSN: 011-00-5555
Encounter #: 192266

Service Type: Supported Recovery Housing Services
From Date: 10/31/2010 **To Date:** 11/30/2010
Units: 30

Prior Invoices						
Service Date	Charge \$	Units	Status	Paid Amt	Paid Date	Check #

New Invoice
Start Date: **End Date:**
(mm/dd/yyyy) (mm/dd/yyyy)
Units: **Submit**

New Invoice
Start Date: 10/31/2010 **End Date:** 11/05/2010
(mm/dd/yyyy) (mm/dd/yyyy)
Units: 6 **Submit**

When you enter you *Start Date* and *End Date* and tab to *Units*, the number of units will auto populate. Once all fields are complete, you will *Submit* the *New Invoice*. The following screen will appear.

You have successfully submitted this invoice !!!

Invoice Confirmation #: 6
Client Name: MARS, JOHN

If you have any questions, please call (866) 580-3922

You may now go to Inquiry screen by clicking **Registration / Inquiry**
or
You can go to Service Status Screen by Clicking **Service Status**