



Inclusion Inc.

2014 Provider Calendar

Address: 50 SE 18th Ave Portland, OR 97214

Phone: 503.232.2289 Fax: 503.235.6914 Email: billing@inclusioninc.org

January							February							March							April							
S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	
			H	2	3	4							1							1				1	2	3	4	5
5	6	7	D	9	10	11	2	3	4	5	6	D	8	2	3	4	5	6	D	8	6	D	8	9	10	11	12	
12	13	14		15	16	17	9	10	11	12	13	14	15	9	10	11	12	13	14	15	13	14	15	16	17	18	19	
19	H	\$	22	23	24	25	16	H	18	19	\$	21	22	16	17	18	19	\$	21	22	20	\$	22	23	24	25	26	
26	27	28	29	30	31		23	24	25	26	27	28		23	24	25	26	27	28	29	27	28	29	30				
														30														
May							June							July							August							
S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	
				1	2	3	1	2	3	4	5	D	7			1	2	3	H	5						1	2	
4	5	6	D	8	9	10	8	9	10	11	12	13	14	6	7	D	9	10	11	12	3	4	5	6	D	8	9	
11	12	13		15	16	17	15	16	17	18	19	\$	21	13	14	15	16	17	18	19	10	11	12	13	14	15	16	
18	19	\$	21	22	23	24	22	23	24	25	26	27	28	20	\$	22	23	24	25	26	17	18	19	\$	21	22	23	
25	H	27	28	29	30	31	29	30						27	28	29	30	31			24	25	26	27	28	29	30	
																					31							
September							October							November							December							
S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	
	H	2	3	4	5	6				1	2	3	4							1								
7	D	9	10	11	12	13	5	6	D	8	9	10	11	2	3	4	5	6	D	8	7	8	9	10	11	12	13	
14	15	16	17	18	\$	20	12	H	14	15	16	17	18	9	10	H	12	13	14	15	14	15	16	17	18	\$	20	
21	22	23	24	25	26	27	19	\$	21	22	23	24	25	16	17	18	19	\$	21	22	21	22	23	24	H	H	27	
28	29	30					26	27	28	29	30	31		23	24	25	26	H	H	29	28	29	30	31				
														30														

D– Due, timesheets/invoices are due by the 5th business day of the month by noon

H– Holiday, Inclusion office closed

\$- Pay Date, checks will be mailed and/or available for pick up, if requested, on this date (20th day of the month or closest business day)

***** Please note: Requests for check pick up at in Inclusion office must be received in writing by the 10th of the month.*****