Instructions for filling out the OCIS Monthly Therapy Billing Summary Sheet
EXAMPLE D

This is a monthly form.

Each child that a therapist sees **(PS only)** should be listed on the Billing Summary Sheet.

Each child should be listed alphabetically in the left hand column that says Name.

The numbers at the top of each sheet indicate the days of the month.
Under the date that you see each child you will write the time that you saw them.

If you see the child in a group setting put a G to the left of the child's name.
If you see the child at the Office put an O next to the child's name.
If you see the child at a daycare or preschool put a D to the left of the child's name.
If you see the child at home put an H to the left of the child's name.
If you see children that are siblings put an S to the left of both children's names.
If you see a child in more than one location put the appropriate letter next to the time of session for each day.

At the bottom of the form where it says Date write the month and year that the summary sheet reflects.

The Provider's name should be the individual therapist that this summary sheet is for. The Agency name should be listed where it says Agency. Please do not only list the agency name.

Orange County Intervention Services Monthly Therapy Billing Summary Sheet

D= Daycare G= Group S= Sibling O= Office H= Home

Name	DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Date: _____

Provider Name & Signature _____

Agency All About Kids

D= Daycare G= Group S= Sibling O= Office H= Home

Name	DAY	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31