

Payroll # _____

All About Kids

Pay cycle _____

Evaluations & Therapy

Tel: 516-576-0962

255 Executive Drive Ste. LL102 Plainview, NY 11803

Fax: 516-349-0961

Attn: Finance Department

Toll Free: 1877333kids

Westchester-Putnam-Orange Counties Early Intervention Services Monthly Summary Form DUE DATE - 3RD OF NEXT MONTH

Independent Contractors: Please fax or scan and email this form, your personal invoice and notes.

Employees: Please mail or hand in ALL ORIGINAL PAPERWORK.

Therapist: _____ Business Name (if applicable) _____

Address: _____

City _____ State _____ zip _____

Mobile# _____ Home# _____

Email _____

Billing Month _____ 201__

SERVICE TYPE: SP SPED/ABA OT PT SW PSYCH OTHER _____ (CIRCLE ONE)

Child's Name _____

(CIRCLE ONE) WESTCHESTER-EI PUTNAM-EI
() () X
Authorized length of session Number of Sessions

ORANGE-EI
() = _____
Session Rate Amount Due

Child's Name _____

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TOTAL AMOUNT \$ _____

Page ____ of ____