Payroll # \_\_\_\_\_

## All About Kids

Pay cycle \_\_\_\_\_

Evaluations & Therapy

255 Executive Drive Ste. LL102 Plainview, NY 11803 Attn: Finance Department

Fax: 516-349-0961 Toll Free: 1877333kids

Tel: 516-576-0962

Therapist: Busine	ess Name (if applicable)	
Address:		
City State zip		
Mobile# Home#		
Email	Billing M	onth201
SERVICE TYPE: (CIRCLE ONE) SP SPED OT	PT SW PSYCH	NU AUDIO
Child's Name		Amount Due \$
BROOKLYN-EI BRONX-EI MANHATTAN-EI QUEENS-EI		
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□Evaluation Date/ is this a □Core or □ Non-Supplemento		
TFSP Meeting Date/(please attach meeting form for this child)	Observation//	Other
Child's Name		Amount Due \$
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Total amount due for this page \$ \_\_\_\_ of \_\_\_