All About Kids

Pay cycle _____

Evaluations & Therapy

255 Executive Drive Ste. LL102 Plainview, NY 11803

Attn: Finance Department

Tel: 516-576-0962

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

		ATT	n: rinan	ce Departme	ent			1011 Free. 1077333F	.35
LONG ISLAND Early Intervention Services Monthly Summary Form							DUE DATE - 3 RD OF NEXT MONTH		
Independent Contrac	tors: Please fax or scan an	nd email this form, your person	al invoice a	and notes.	Employee	es: Please mail or h	and in ALL ORIGI	NAL PAPERWORK.	
Therapist:			Busir	ness Name	(if applicat	nie)			
City	State	zip							
Mobile#	Home#								
Email						Billing	g Month _	201	
SERVICE TY	PE: SP	SPED/ABA	ОТ	PT	sw	PSYCH	OTHER_	(CIRCLE ONE)	
Child's Name _									
(CIRCLE ONE)	NASSAU-EI	SUFFOLK	-EI						
				X) = _		
		Number of Sessions			5	Session Rate		Amount Due	
Child's Name _									
(CIRCLE ONE)	NASSAU-EI	SUFFOLK	-EI						
(_)	()		X	(_) =	and the second s	
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Child's Name _									
(CIRCLE ONE)	NASSAU-EI	SUFFOLK	-EI						
(X	_) = _	******	
Authorized length	of session	Number of Sessions			S	ession Rate		Amount Due	
Child's Name _									
		SUFFOLK							
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Authorized length	of session	Number of Sessions			S	iession Rate		Amount Due	
Child's Name _									
(CIRCLE ONE)	NASSAU-EI	SUFFOLK.	-EI						
	_)	(X	4) =		
Authorized length	of session	Number of Sessions			S	iession Rate		Amount Due	
Child's Name _									
(CIRCLE ONE)	NASSAU-EI	SUFFOLK	-EI						
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Authorized length	of session	Number of Sessions			S	iession Rate		Amount Due	
Child's Name _				and confinential and co					
(CIRCLE ONE)	NASSAU-EI	SUFFOLK.	-EI						
(()		X	(_		=		
Authorized length	of session	Number of Sessions			5	iession Rate		Amount Due	

TOTAL AMOUNT \$_____ of ___