

All About Kids School Age Confirmation of Service Delivery Parent Signature Log Sheet **Mo/Yr**_____

Child's Name (Last, First)	DOB:	Agency / Center-Based School or Independent Contractor Mid Island Therapy Associates, DBA, All About Kids	NPI # 1669513404	School District
Type of Service (SP/OT/PT/Psych/Nursing)		Print Name of Individual Service Provider / License Number/NPI #		Frequency Duration

Date of service	Start time	End time	Session Code:	Parent/Guardian Signature/Verifying Witness Signature
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I certify that on the dates above, the above named child received the services noted and that documentation exists and is maintained on file verifying the delivery of said services in accordance with all relevant federal, state and local laws and regulations governing the Medicaid process.

Therapist Signature _____