All About Kids

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

Tel: 516-576-0962
Fax:516-349-0961
Toll Free:1877333kids

Monthly Summary Services: PRE-SCHOOL SEIT/ABA ONLY

PLEASE NOTE: 1) BILLING IS DUE BY THE 5TH OF THE MONTH 2) DO NOT COMBINE MULTIPLE MONTHS ON ONE INVOICE. 3) PLEASE BILL ON A MONTHLY BASIS TO PREVENT DELAY IN YOUR PAYMENT

Therapist: ______________________
Address: ______________________
City______________ State____ zip ______
Mobile#____________ Home#__________
Email ______________________

Month: __________ 20_____

SERVICE TYPE: PRESCHOOL SEIT SERVICE TYPES ONLY

Client's Name ______________________ BOE# (if appropriate) ______________
(CIRCLE ONE)
BKPS BXPS NCPS NYPS SCPS W'CHESTER PS
(__________) (__________) X (__________) = __________
Authorized length of session / Number of Sessions / Session Rate / Amount Due

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TOTAL AMOUNT$______________
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