Payroll # ______

All About Kids

Executive Directors
Cathleen A. Grossfeld
Michael L. Grossfeld

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

Tel: 516-576-0962
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Monthly Summary Services & Evaluations: PRIVATE PAY 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: SP SPED OT PT SW PSYCH (CIRCLE ONE)

Client's Name ________________________________ ☐Services or ☐Evaluation Date ___/___/___
Nassau Suffolk Brooklyn Bronx NYC W'Chester
(CIRCLE ONE)
(______________) (______________) X (______________) = ____________
Authorized length of session Number of Sessions Session Rate Amount Due

Client's Name ________________________________ ☐Services or ☐Evaluation Date ___/___/___
Nassau Suffolk Brooklyn Bronx NYC W'Chester
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TOTAL AMOUNT $______________

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