

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

# All About Kids

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

Evaluations & Therapy

Tel: 516-576-0962

255 Executive Drive Ste. LL102 Plainview, NY 11803

Fax: 516-349-0961

Attn: Finance Department

Toll Free: 1877333kids

**Westchester-Putnam-Orange Counties Early Intervention Services Monthly Summary Form** DUE DATE - 3<sup>RD</sup> OF NEXT MONTH

Independent Contractors: Please fax or scan and email this form, your personal invoice and notes.

Employees: Please mail or hand in ALL ORIGINAL PAPERWORK.

Therapist: \_\_\_\_\_ Business Name (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_

Mobile# \_\_\_\_\_ Home# \_\_\_\_\_

Email \_\_\_\_\_

Billing Month \_\_\_\_\_ 201\_\_

SERVICE TYPE: SP SPED/ABA OT PT SW PSYCH OTHER \_\_\_\_\_ (CIRCLE ONE)

Child's Name \_\_\_\_\_

(CIRCLE ONE) WESTCHESTER-EI PUTNAM-EI  
( ) ( ) X  
Authorized length of session Number of Sessions

ORANGE-EI  
( ) = \_\_\_\_\_  
Session Rate Amount Due

Child's Name \_\_\_\_\_

(CIRCLE ONE) WESTCHESTER-EI PUTNAM-EI  
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Authorized length of session Number of Sessions

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Session Rate Amount Due

Child's Name \_\_\_\_\_

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Session Rate Amount Due

TOTAL AMOUNT \$ \_\_\_\_\_

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