

All About Kids

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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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