

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 Evaluation Monthly Summary Form DUE DATE - 3RD OF NEXT MONTH

PLEASE NOTE: 1) PLEASE MAIL, FAX, OR EMAIL THIS BILL AND YOUR PERSONAL INVOICE BY THE DUE DATE 2) DO NOT COMBINE MULTIPLE BILLING PERIODS ON ONE INVOICE.

Therapist: _____ Business Name (if applicable) _____

Address: _____

City _____ State _____ zip _____

Mobile# _____ Home# _____

Email _____

Billing Month _____ 201_____

SERVICE TYPE: (CIRCLE ONE) SP SPED OT PT SW PSYCH NU AUDIO

Child's Name _____ Amount Due \$ _____

WESTCHESTER-EI PUTNAM-EI ORANGE-EI (check one)

Check Box if this is a Bilingual evaluation

Evaluation Date ___/___/___ is this a Core or Non-Supplemental

IFSP Meeting Date ___/___/___ (please attach meeting form for this child)

Informing ___/___/___ (please attach informing form for this child)

Translation ___/___/___ (for which therapist _____)

Observation ___/___/___ Other _____

Child's Name _____ Amount Due \$ _____

WESTCHESTER-EI PUTNAM-EI ORANGE-EI (check one)

Check Box if this is a Bilingual evaluation

Evaluation Date ___/___/___ is this a Core or Non-Supplemental

IFSP Meeting Date ___/___/___ (please attach meeting form for this child)

Informing ___/___/___ (please attach informing form for this child)

Translation ___/___/___ (for which therapist _____)

Observation ___/___/___ Other _____

Child's Name _____ Amount Due \$ _____

WESTCHESTER-EI PUTNAM-EI ORANGE-EI (check one)

Check Box if this is a Bilingual evaluation

Evaluation Date ___/___/___ is this a Core or Non-Supplemental

IFSP Meeting Date ___/___/___ (please attach meeting form for this child)

Informing ___/___/___ (please attach informing form for this child)

Translation ___/___/___ (for which therapist _____)

Observation ___/___/___ Other _____

Child's Name _____ Amount Due \$ _____

WESTCHESTER-EI PUTNAM-EI ORANGE-EI (check one)

Check Box if this is a Bilingual evaluation

Evaluation Date ___/___/___ is this a Core or Non-Supplemental

IFSP Meeting Date ___/___/___ (please attach meeting form for this child)

Informing ___/___/___ (please attach informing form for this child)

Translation ___/___/___ (for which therapist _____)

Observation ___/___/___ Other _____

Child's Name _____ Amount Due \$ _____

WESTCHESTER-EI PUTNAM-EI ORANGE-EI (check one)

Check Box if this is a Bilingual evaluation

Evaluation Date ___/___/___ is this a Core or Non-Supplemental

IFSP Meeting Date ___/___/___ (please attach meeting form for this child)

Informing ___/___/___ (please attach informing form for this child)

Translation ___/___/___ (for which therapist _____)

Observation ___/___/___ Other _____

Child's Name _____ Amount Due \$ _____

WESTCHESTER-EI PUTNAM-EI ORANGE-EI (check one)

Check Box if this is a Bilingual evaluation

Evaluation Date ___/___/___ is this a Core or Non-Supplemental

IFSP Meeting Date ___/___/___ (please attach meeting form for this child)

Informing ___/___/___ (please attach informing form for this child)

Translation ___/___/___ (for which therapist _____)

Observation ___/___/___ Other _____

Total amount due for this page \$ _____

Page _____ of _____