**Important Steps, Inc.**

## Early Childhood Program

2447 Eastchester Rd, 2nd Floor

Bronx, NY 10469

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# INVOICE SUMMARY OF SERVICES

THERAPIST:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FOR THE MONTH OF:\_\_\_\_\_\_202\_\_\_

W-4 employee’s billing \_\_\_\_\_\_\_\_ 1099 Invoice\_\_\_\_\_\_ Corporation Invoice \_\_\_\_\_\_\_\_\_\_

*(Submit Original Session Notes) (Submit Copies of Session Notes)*

Services Provided:

ST\_\_\_\_ SPED\_\_\_\_ OT\_\_\_\_ PT\_\_\_\_ SW\_\_\_\_ TSHH\_\_\_\_ CFY­­­\_\_\_\_ NUTR\_\_\_\_ OTHER\_\_\_\_

**Amount Due for Therapy:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please Attach “Create Bill” or “Itinerant Billing Form”)**

**IFSP Attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_ (Please attach “Itinerant Billing Form–Evaluations /IFSP”)**

**Evaluations: \_\_\_\_\_\_\_\_\_\_\_\_\_ (Please attach “Itinerant Billing Form–Evaluations /IFSP”)**

**Total Amount Due: \_\_\_\_\_\_\_\_\_\_\_\_\_**

Therapist’s Signature/Specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_License #:\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_/\_\_\_\_/\_\_\_\_

**Billing Submitted by: \_\_\_\_\_\_\_\_\_EnterClaims (electronically) or \_\_\_\_\_\_\_Manually**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Returned to the Provider:\_\_\_\_\_\_\_\_\_\_\_ Date Resubmitted to Important Steps:\_\_\_\_\_\_\_\_

Check#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Paid:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_