**Important Steps, Inc.**

**Early Childhood Program**

**EI Department- RESUBMISSION**

# ITINERANT BILLING FORM – MONTHLY SUMMARY

THERAPIST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FOR THE MONTH OF:\_\_\_\_\_\_\_\_\_\_\_201\_\_

ST\_\_\_\_ CFY\_\_\_SI\_\_\_ OT\_\_\_\_ PT\_\_\_\_ SW\_\_\_COTA\_\_\_\_Nutrition\_\_\_\_OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client’s EI#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: 1)\_\_\_\_2)\_\_\_\_\_3)\_\_\_\_\_4)\_\_\_\_\_\_5)\_\_\_\_\_\_6)\_\_\_\_\_\_7)\_\_\_\_\_\_8)\_\_\_\_\_\_9)\_\_\_\_\_10)\_\_\_\_\_

( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) ( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) X (\_\_\_\_\_\_\_\_\_\_\_) = \_\_\_\_\_\_\_\_\_\_\_\_\_

### Authorized Length of Session Number of Sessions Session Rate Amount Due

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client’s EI#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: 1)\_\_\_\_2)\_\_\_\_\_3)\_\_\_\_\_4)\_\_\_\_\_\_5)\_\_\_\_\_\_6)\_\_\_\_\_\_7)\_\_\_\_\_\_8)\_\_\_\_\_\_9)\_\_\_\_\_10)\_\_\_\_\_

( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) ( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) X (\_\_\_\_\_\_\_\_\_\_\_) = \_\_\_\_\_\_\_\_\_\_\_\_\_

### Authorized Length of Session Number of Sessions Session Rate Amount Due

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client’s EI#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: 1)\_\_\_\_2)\_\_\_\_\_3)\_\_\_\_\_4)\_\_\_\_\_\_5)\_\_\_\_\_\_6)\_\_\_\_\_\_7)\_\_\_\_\_\_8)\_\_\_\_\_\_9)\_\_\_\_\_10)\_\_\_\_\_

( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) ( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) X (\_\_\_\_\_\_\_\_\_\_\_) = \_\_\_\_\_\_\_\_\_\_\_\_\_

### Authorized Length of Session Number of Sessions Session Rate Amount Due

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client’s EI#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: 1)\_\_\_\_2)\_\_\_\_\_3)\_\_\_\_\_4)\_\_\_\_\_\_5)\_\_\_\_\_\_6)\_\_\_\_\_\_7)\_\_\_\_\_\_8)\_\_\_\_\_\_9)\_\_\_\_\_10)\_\_\_\_\_

( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) ( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) X (\_\_\_\_\_\_\_\_\_\_\_) = \_\_\_\_\_\_\_\_\_\_\_\_\_

### Authorized Length of Session Number of Sessions Session Rate Amount Due

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client’s EI#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: 1)\_\_\_\_2)\_\_\_\_\_3)\_\_\_\_\_4)\_\_\_\_\_\_5)\_\_\_\_\_\_6)\_\_\_\_\_\_7)\_\_\_\_\_\_8)\_\_\_\_\_\_9)\_\_\_\_\_10)\_\_\_\_\_

( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) ( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) X (\_\_\_\_\_\_\_\_\_\_\_) = \_\_\_\_\_\_\_\_\_\_\_\_\_

### Authorized Length of Session Number of Sessions Session Rate Amount Due

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client’s EI#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: 1)\_\_\_\_2)\_\_\_\_\_3)\_\_\_\_\_4)\_\_\_\_\_\_5)\_\_\_\_\_\_6)\_\_\_\_\_\_7)\_\_\_\_\_\_8)\_\_\_\_\_\_9)\_\_\_\_\_10)\_\_\_\_\_

( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) ( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) X (\_\_\_\_\_\_\_\_\_\_\_) = \_\_\_\_\_\_\_\_\_\_\_\_\_

### Authorized Length of Session Number of Sessions Session Rate Amount Due

## Total Due for Therapy: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Resubmitted: \_\_\_\_\_\_\_\_\_\_ Office Approval:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_