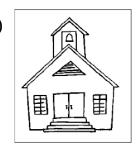
PRIVATE PAY **GROUP (PPG)**



Session Time: ____ Rate: ____

Total Amount Due: _



Monthly Billing Form for Service Providers

tudent'							Month: February			
tudent')15		
	ection 1. Student Information tudent's Name: CATES , JANYAH						Section 2. Provider Information Name: Carrie Deutsch			
MYC ID # 230054595						S.S.#(required): 050783911 Telephone Number: 212-604-9360 Related Service: Speech				
										ate of E
				Size 3 Lang.						
chool N	lame & Loca	ition Address	s Where Se	ervices are Provid	led:					
ection 3	3. Service Pr	ovision								
	Start Time	End Time	Group	Signature	Date	Start Time	End Time	Group	Signature	
1					17					
2					18					
3					19					
4	00.45				20					
	08:45 AM	09:15 AM	3		21					
	08:45 AM	09:15 AM	3		22	00.45.414	00.45			
7					23	09:15 AM	09:45 AM	3		
8	00.45 414	00.45 484			24					
	09:15 AM	09:45 AM	2		25					
10					26	09:45 AM	10:15 AM	2		
11	10:15 AM	10:45 AM	3		27	US.40 AIVI	10.13 AW			
13	IU. IO AIVI	IU.40 AIVI	3		28					
14					30					
15					31					
16										