



Billing Form for Preschool Related Service Providers

Vendor Invoice # _____ Page _____ of _____

Month January Year 2015

Section 1: Student Information

Student's Name: MERCADO AMANDA

Last First

NYC ID # 235357498

Date of Birth: ____/____/____ Home District: _____

Related Service: Speech

Recommendation on IEP:

Frequency: 2 Duration: 45 Group Size 1 Lang. EN

() Check here if student was assigned to you/agency by CPSE after being selected from the NYC Municipality List of Approved Preschool Related

Service Providers

OR

() Check here if student was assigned to your agency as a result of being awarded the related service contract through the RFP process.

Contract # _____
Location Where Services are Provided: School

Comments: _____

Section 2: Provider Information

Provider's

Name Glynn Pomerantz

Address: 134 West 26th Street, Suite # 602
New York, NY 10001

S.S.#(required) 589608261

Telephone: 212-604-9360

Section 3: Agency Information

Name: City Sounds of NY

Address: 134 West 26th Street, Suite # 602
New York, NY 10001

Telephone: 212-604-9360 email : _____

Agency Rep (print name) Amy Grillo

Fed. Tax ID: 270698698

Section 4 :Service Provision

Signature of parent/Principal

DATE RCV Start End
Group Time Time
Size
or designee verifying that
service has actually been provided
at the times indicated

DATE RCV Start End
Group Time Time
Size
Signature of parent/Principal
or designee verifying that
service has actually been provided
at the times indicated

1					17				
2					18				
3					19				
4					20				
5					21				
6	1	09:30 AM	10:15 AM		22				
7	1	09:45 AM	10:30 AM		23				
8					24				
9					25				
10					26				
11					27				
12					28				
13	1	09:45 AM	10:30 AM		29				
14	1	09:45 AM	10:30 AM		30				
15					31				
16									

Section 5: Certification for the Provision of Services:

I hereby certify that I have served in the Related Service Program on the dates and for the duration indicated herein. I understand that any material misrepresentation of fact provided by me on this form may result in criminal action.

Total # of Sessions: 4 Rate: _____

Total Amount Due: _____

Signature of Provider (original)

Date

Signature of Agency/School Representative (original)

Date

*The DOE will only accept Billing Forms that have instructions for completion on the reverse side

+Instructions for Completing the Billing Form for Preschool Related Service Providers

Indicate Vendor Invoice # (optional), Page # (i.e. 1 of 1, 1 of 56), month and year service provided.

Section 1: Student Information

- ◆ Name of student (last name, first name)
- ◆ NYC identification number of student
- ◆ Date of birth of the student (mm/dd/yy)
- ◆ Home District of student
- ◆ Type of related service provided
- ◆ Indicate the frequency, duration, group size and language (if appropriate) as indicated on the student's Individualized Education Program (IEP)
- ◆ () Check the appropriate field for student assignment.

If student was assigned to you/agency by CPSE after being selected from the NYC Municipality List of approved Preschool Related Service Providers.

OR Student was assigned to your agency as a result of being awarded the related service contract through the RFP process. **Provide the Contract #.**

- ◆ Location where service was provided
- ◆ In the comment section, indicate exceptions to the location identified above providing the date and where the service was provided.

Section 2: Provider Information

- ◆ Name of provider (last name, first name)
- ◆ Address of provider
- ◆ **Provider's social security number – Required on all invoices**
- ◆ Provider's telephone number

Section 3: Agency Information (This section must be filled out for any services that are provided by an agency.)

- ◆ Name of Agency
- ◆ Agency's address
- ◆ Agency's telephone number
- ◆ Agency Representative (print name)
- ◆ Federal Tax Identification Number

Section 4: Service Provision

You may not bill for services in excess of the frequency/duration of services specified on the IEP.

Next to the date service was provided during the month indicate the following:

- ◆ Receiving group size- This is the actual group size for which service has been provided (e.g., 2:1 students to therapist)
- ◆ Start time of the specific session
- ◆ End time of the specific session
- ◆ Make-up sessions may be provided only in accordance with the instructions provided in the Agreement
- ◆ Signature of Parent/Principal or Designee verifying that service has actually been provided at the times indicated
- ◆ Total number of billing sessions provided for all students served. (Regular and makeup sessions)
- ◆ Contracted rate (To be paid at the correct rate for a psychologist or registered nurse, a copy of the provider's license must be submitted with the initial billing for the fiscal year)
- ◆ Total amount due

Section 5: Certification for Provision of Services

- ◆ Original signature (no photocopies) of provider attesting that information is correct and accurate and all services have been provided. The person that actually provided the service must sign this form.
- ◆ Date the billing form was signed by the provider
- ◆ Original co-signature (no photocopies) of the Agency Representative attesting that information is correct and accurate must sign this form
- ◆ Date the billing form was signed by Representative

Notes:

- ◆ The approved **two-sided** New York City Department of Education Billing Form must be used when billing for services. Invoices without the instructions for completion on the reverse side will not be accepted

Submission of Billing Forms: Please submit completed billing forms to:
Bureau of NPSP
Preschool Unit
65 Court Street Room 1503
Brooklyn, New York 11201

Telephone: (718) 935-2161 Fax: (718) 935-3801
Please be advised that invoices submitted with incomplete or illegible information will be returned. Effective FY 10, the deadline for invoice submission is the 31st of October.