



## Monthly Billing Form for Service Providers

Month: February

Year: 2015

### Section 1. Student Information

Student's Name: POPE, COURTNEY

NYC ID # 204930689

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Frequency: 1 Duration: 30 Group Size 1 Lang. EN

School Name & Location Address Where Services are Provided: \_\_\_\_\_

### Section 2. Provider Information

Name: Carrie Deutsch

S.S.#(required): 050783911

Telephone Number: 212-604-9360

Related Service: Speech

### Section 3. Service Provision

Date	Start Time	End Time	Group	Signature	Date	Start Time	End Time	Group	Signature
1					17				
2					18				
3	01:45 PM	02:15 PM	1		19				
4					20				
5					21				
6					22				
7					23	01:45 PM	02:15 PM	1	
8					24				
9	01:45 PM	02:15 PM	1		25				
10					26				
11					27				
12					28				
13					29				
14					30				
15					31				
16									

### Section 4. Certification for the Provision of Services:

I hereby certify that I have served on the dates and durations indicted herein.

Signature of Provider

Date

Approved By: Name & Title

Signature

Date

#### For Internal Use

Total # of Sessions: 3

Session Time: \_\_\_\_\_

Rate: \_\_\_\_\_

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