

INVOICE

CLINICIAN: _____
 SOC. SEC. # _____
 ADDRESS: _____ Apt # _____
 CITY: _____ STATE: _____ ZIP: _____

MONTH _____ YEAR 200__

BILL TO: LOS NIÑOS SERVICES, INC.
 535 8th Ave, 2nd floor
 NEW YORK, NY, 10018
 (tel 212.787.9700)

DATES LEGEND: P - Present NS - No Show CP - Cancelled/Parent CC - Cancelled/Clinician CS - Child Sick M - Make up session (write in date of session being made up, e.g. M 2/24, and write sideways)

| CHILD's NAME | SERVICE TYPE CODE | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | TOTAL SESSIONS | FEE PER SESSION | TOTAL AMOUNT |
|--------------|-------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------------|-----------------|--------------|
| 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \$ - | |
| 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \$ - | |
| 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \$ - | |
| 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \$ - | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \$ - | |
| 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \$ - | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \$ - | |
| 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \$ - | |
| 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \$ - | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \$ - | |
| 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \$ - | |
| 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \$ - | |

Therapist Signature: _____

Submission Date: ____/____/____

Total \$ -

(revised 8/20/04)

(Service Type Code FC = Family Counseling, FT = Family Training, SI = Special Instruction, SL = Speech/Language, OT = Occupational Therapy, PT = Physical Therapy, SW = Social Work, FSG = Family Support Group, V = Vision, Psy = Psychological)