

VERIFICATION CODES	CANCELLATION CODES	TV - Therapist Vacation	H - Holiday
PG - PARENT/GUARDIAN/CARETAKER (HOME or COLLATERAL)	TC - Therapist Canceled	FV - Family Vacation	CS - Child Sick
DC - NURSERY/DAY CARE (COMMUNITY)	FC - Family Canceled	IC - Inclement Weather	

* Must be completed after each visit if the service is provided in a Home/Community setting or Collateral Visit with a Parent/Guardian regardless of location.

CHILD'S NAME: _____ AUTH #: _____

SERVICE: _____ CPT CODE: _____ METHOD: _____ LOCATION: _____ FREQUENCY: _____ SERVICE MO./YR: _____

DATE: _____ START/END TIME: _____ TO _____ AM/PM
INDICATE ABSENCES & CANCELLED SESSIONS USING CODES BELOW. IF MAKE-UP, CHECK BOX & INDICATE DATE MISSED.

OUTCOMES/ACTIVITIES/CAREGIVER RESPONSE:

Cancellation Code: _____ PM

Make-Up for _____

INITIALS	CODE

*VERIFICATION _____

PROGRESS/OTHER PROFESSIONALS INVOLVED: _____

DATE: _____ TO _____ AM/PM
OUTCOMES/ACTIVITIES/CAREGIVER RESPONSE:

Cancellation Code: _____ PM

Make-Up for _____

INITIALS	CODE

*VERIFICATION _____

PROGRESS/OTHER PROFESSIONALS INVOLVED: _____

DATE: _____ TO _____ AM/PM
OUTCOMES/ACTIVITIES/CAREGIVER RESPONSE:

Cancellation Code: _____ PM

Make-Up for _____

INITIALS	CODE

*VERIFICATION _____

PROGRESS/OTHER PROFESSIONALS INVOLVED: _____

DATE: _____ TO _____ AM/PM
OUTCOMES/ACTIVITIES/CAREGIVER RESPONSE:

Cancellation Code: _____ PM

Make-Up for _____

INITIALS	CODE

*VERIFICATION _____

PROGRESS/OTHER PROFESSIONALS INVOLVED: _____

NAME OF AGENCY PROVIDING SERVICE	PRINTED NAME OF DIRECT SERVICE PROVIDER	TYPE & # OF LICENSE/CERTIFICATE OF DIRECT PROVIDER

From here down is to be completed only on the last page for the month.

\$ _____	X _____	= \$ _____
Rate/Session	X # of Sessions	= Total Billed for the Month

I certify that the above services were provided at the times and on the dates indicated in accordance with the child's IFSP and the provisions of the Early Intervention agreement.

Signature of Direct Service Provider	Verifying Signature - Facility Based or Supervisor	Verifying Signature - Home Based
Date	Date	Date

(If method is Basic Dev) Grp 1:1 Aide or Enhanced Dev)

Grp 1:1 Aide, this section → → →

PRINTED NAME OF 1:1 AIDE	SIGNATURE OF 1:1 AIDE