

Agency Name: **THERAPY AGENCY**
 Month / Year: **JUNE2 023**
 Total Due: **\$520.11**



**External Agency Services
Therapy Sessions**

Submit Via MOVEIT

LAST NAME, FIRST	DOB	L	PROV	SVC	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	UNITS	PAYOR	\$ AMT
BROWN,CHARLES comment:	01/01/23	1	JB	92507	1					1							1							1											20	MED	0.00	
				NEF	1					1							1							1											5	CONT	50.00	
				TRAV	0					0							0							0											0	CONT	0.00	
DOE,JUNE comment:	06/08/22	5	DL	97530HM	.50							.50							.50							.50							.50	10	CONT	144.00		
				NEF	1							1							1														1	5	CONT	50.00		
				TRAV	0							0							0														0	0	CONT	0.00		
GINGER,AL comment:	08/02/21	1	GM	CONIF						.50																								2	CONT	25.00		
				NEF						1																								1	CONT	10.00		
				TRAV						0																								0	CONT	0.00		
GREEN,EVERETT comment:	04/19/20	1	MK	97110	.75				.75							.75							.75											.75	15	MED	0.00	
				NEF	1				1							1							1											5	CONT	50.00		
				TRAV	5				5							5							5											25	CONT	11.11		
ROSE,HARLEM comment:	05/01/21	7	AB	T1027SC								1							1					1										20	CONT	150.00		
				NEF								1							1					1										5	CONT	30.00		
				TRAV								0							0					0										0	CONT	0.00		
WOODS,HOLLY comment:	02/25/20	1	KD	92523GT																														1	TPIN	0.00		
				NEF																														0	N/A	0.00		
				TRAV																														0	N/A	0.00		
comment:				NEF																																		
				TRAV																																		
comment:				NEF																																		
				TRAV																																		
comment:				NEF																																		
				TRAV																																		

Payor: TPIN=Insurance Paid TPIN2=Insurance Payment Pending CONT=ES to Pay MED=Medicaid

All Therapy Service > 15 min = 1 Unit NEF: Natural Environment Fee = v (\$10.00) Subtotal **\$520.11**

TRAV: Travel = .445 per mile (not to exceed 60 miles round trip) to be used when services provided are outside of the natural environment - State form required