Agency Name:

Month / Year:

Total Due:

Submit Via MOVEIT

External Agency Services
Therapy Sessions

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
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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 = √ ($10.00)

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

Subtotal