EXAMPLE

Agency Name: THERAPY AGENCY

Month / Year: SEPTEMBER 2015

Total Due: 636.57

Submit Via MOVEIT

early steps
Children's Medical Services

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
CLOTH, GEORGIA	02/25/13	1	GM	97530					1							1								1								1			16	CONT	285.76
comment:				NEF					1							1								1								1			4	CONT	40.00
				TRAV					0							0								0								0			0	CONT	0.00
CUP, JUNE	05/01/13	5	DL	95730HM				.50									.50								.50					.50				.50		10	CONT	143.00
comment:				NEF				1									1								1					1				1		5	CONT	50.00
				TRAV				0									0								0					0				0		0	CONT	0.00
EVER, GREEN	06/08/16	1	JB	CONIF		.50																														2	CONT	25.00
comment:				NEF		1																														1	CONT	10.00
				TRAV																																		
HILLS, BEVERLY	04/19/13	1	LB	97110			.75							.75							.75							.75					.75		15	MED	0.00
comment:				NEF			1							1							1							1					1		5	CONT	50.00
				TRAV			5							5							5							5					5		25	CONT	11.13
JACKSON, FIVE	08/02/15	7	MK	CONSP								.25																								1	CONT	6.25
comment:				NEF																																		
				TRAV																																		
SMITH, JOE	01/01/14	1	AB	92507			.50						.50						.50						.50						.50					10	TPIN	0.00
comment:				NEF			1						1						1						1						1					5	CONT	50.00
				TRAV			3						3						3						3						3					15	CONT	6.68
comment:				NEF																																		
				TRAV																																		
comment:				NEF																																		
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 = √ ($10.00) Not for center based therapy.

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 636.57