

Service Record – School Based Occupational Therapy Billing Form

Medicaid Number	Last Name	First Name
WVEIS Number	Date of Birth	Provider Name/Credentials
County	School	Month/Year

LIST ALL DIAGNOSIS CODES RELATED TO OCCUPATIONAL THERAPY					
1.	2.	3.	4.	5.	6.

Occupational Therapy Services: Physician's authorization on file. Services must be identified on the Plan of Care.

Service Date	Diagnosis Code(s)	Procedure Code	Start Time	End Time	Units/Event

Signature/Credentials

Date

Co-Signature/Credentials
(initial dates directly supervised)

Date

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