

## Service Record – School Based Psychological Services Billing Form

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

LIST ALL DIAGNOSIS CODES RELATED TO PSYCHOLOGICAL SERVICES					
1.	2.	3.	4.	5.	6.

Psychological Services: Physician's authorization on file. Services must be identified on or attached to the Plan of Care. If a service is provided via Telehealth, add GT modifier to the procedure code.

[illegible]

Signature/Credentials

Date \_\_\_\_\_

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