

Service Record – School Based Speech 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 SPEECH					
1.	2.	3.	4.	5.	6.

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

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

Signature/Credentials _____ Date _____ Page ___ of ___