

Service Record – School Based Audiological Services Billing Form

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

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

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

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

Signature/Credentials

Date

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