Service Record – School Based Psychological 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 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.

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

_____ _____

Signature/Credentials *Date* *Page___of___*