

Service Record – School Based Physical Therapy 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 PHYSICAL THERAPY | | | | | |
|--|-----------|-----------|-----------|-----------|-----------|
| 1. | 2. | 3. | 4. | 5. | 6. |
| | | | | | |

Physical 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 |
|--------------|-------------------------------|----------------|------------|----------|-------------|
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Signature/Credentials

Date

Co-Signature/Credential
(Initial dates directly supervised)

Date *Page* ___ *of* ___