BILLING INVOICE PROGRESSIVE STEPS

	Company Name	2:				
	Therapists Nam	e:				
	Address:					
	Phone:			_		
	EIN/SSN#					
		DICDAOTPTSTS	WIT			
Child ID#	County	Child's Name	Service Date	Services (hours)	Rate of Pay	Notes in EIMS (Y/N)
		CLAINAANT'S CERTIFICATION A	ND DECLARATION			
hereby in co		CLAIMANT'S CERTIFICATION A ertify that all hours specified above ne contractual Agreement between I	have been previously a		-	
		nd Acknowledge that any hours whented for payment at the discretion of		ne allotted	by said co	ontractual
Therapist Signature			Date:			