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 **Step Up Therapy Services** 1100 Coney Island Ave, 4th Fl, Brooklyn, NY 11230 PH 718-434-1200 FX 718-434-1099

  **🗖 W-4 employee’s billing for the Month of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_**

# Received by Step Up Therapy ON:

 **🗖** **Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Instructions for completion:

1. All gaps and/or interruption of services for more than 3 scheduled sessions must be explained in daily progress notes or monthly progress report and Step Up Therapy Services must be notified immediately. If interruptions in services are not explained we cannot process your invoices.
2. To expedite your payment please provide invoices during the first 5 days of the month for the previous month. All invoices received by Step Up Therapy by 5-th day of the month will be paid on the last business day of the same month. Invoices submitted after 5-th day of the month will be paid on the last business day of the next month.
3. **\*For every hour of direct services provided to the child, 18 minutes of indirect support services must be provided. Indirect support services include charting, team meetings, travel time, parent meetings, preparation and attendance at CPSE meetings, staff development, and service coordination. To calculate the hours of support services provided, please refer to the following equation:**

**(Total # hrs provided x 18 minutes ) / 60 minutes = Total # hrs of support service**

**For example: (40 hours services x 18 minutes) / 60 minutes = 12 hours support service**

**Therapist Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Specialty:\_\_\_\_\_\_\_\_\_\_**

**Therapist Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  **Child’s Name** |  **Service Type (SEIT,SI,OT,PT)** | **IEP Mandate**  | **Amount of ½ hour session provided** | **Amount of ½ hour sessions not provided** | **Amount of support service(hr)** | **Rate** | **Total** |
| John Doe | SEIT | 10hrs/wk | 80 sessions | 0 |  | 50 | 2000 |
| John Doe | Support Service |  |  |  | 12 hrs | 50 | 600 |
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 Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total: 2600

 **For Office Use Only:**