

 EI PROVIDER MONTHLY SUMMARY INVOICE

**Billing Period**: \_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_

**Provider’s Name/Discipline**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**W-4**\_\_\_\_\_\_\_\_\_\_ **1099\_**\_\_\_\_\_\_\_ **Corp**\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name  | Total Number of Hours | Rate  | Total $  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Total Hours per month \_\_\_\_\_\_\_\_\_\_\_\_\_ X Hourly Rate $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ = Total $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attestation Statement**

**I certify that all information contained in daily session notes and monthly invoices is accurate and all services were provided as authorized in the IEP.**

Provider’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use Only:**

Check No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Paid :\_\_\_\_\_\_\_\_\_\_\_