## SCHOOL BASED CHILD HEALTH SERVICES MEDICAID SERVICE INFORMATION: PART 1

DAS ID				LI	EA CODE	SB	
NAME							
		Student Last Name					First Name
SS#					DOB		GENDER
		I	MEDICAID#				
DATE OF SERVICE			SERVICE CODE (Sort by code,	SERVICE UNITS (per MSI/CPT		Evaluation Codes:  01 Speech fluency Eval 02 Speech sound production Eval 03 Speech sound production with Language comprehension/express	
Month	Day	Year	then by date)	MSI/C Cod		04 Bo 30 P' 31 P' 32 P' 33 O' 34 O' 40 O' 50-P: 60-P: 41-B:	anguage comprehension/express havioral, qualitative analysis voice  Eval Low  Eval Mod  Eval High  Eval Low  Eval Mod  Eval High  Eval Hour  Eval Hour  Eval Hours  Eval Hour  Eval
This is to cand State f	certify that funds, and Signatu	t the foregoing I that any falsit Ire	fication, or concealment o	rate, and cor of a material	mplete. I u fact, may I	14 15 24 72 73 84 Position nderstand that pa	Diagnostic Lab Services Assistive Technology Assess Optometric/Vision Service Nursing – RN/APRN Nursing - LPN Family psychotherapy  ayment of this claim will be from Federal ider Federal and State laws.
Supervis (For non-lie	ing Clin censed pro	ician Name viders only)				Position _	
Supervis	ing Clin	ician Signat	ure				Date