NYC EARLY INTERVENTION PROGRAM

A.T. DEVICE DATA ENTRY FORM

FOR OFFICE USE ONLY

EFFECTIVE DATE OF IFSP: _____/_____/_____

END DATE OF IFSP: _____/_____/_____

CHILD INFORMATION:

CHILD EI #: ________ DOB:_____/_____/_____

CHILD’S NAME: __________________________________________

(LAST)

(FIRST) (MIDDLE)

Borough:

PROVIDER INFORMATION (USE ONE SHEET PER SERVICE PROVIDER)

PROVIDER NAME: __________________________________________

PROVIDER EI #: ________________________________

CONTACT PERSON: _________________________________________

CONTACT PERSON’S PHONE: (_____) ________________________

CONTACT PERSON’S FAX: (_____) ________________________

SC: ________________ SC #: __________

PHONE: (_____) __________________________ FAX: (_____) __________________________

Type of IFSP

- Interim
- Initial
- 6 Month
- 6 18 30
- Annual
- 12 24 36
- Amendment to IFSP

Dated: _____/_____/_____

NOTE: The Service Authorization Form is only valid if signed by the EIOD. A separate Service Authorization Form must be completed for each service provider.

EIOD NAME: __________________________________________

DATE:_____/_____/_____

EIOD SIGNATURE: __________________________________________

Vendor:

1: CATEGORY/CODE

2: CPT/HCPCS CODE

3: AT ITEM/DEVICE DESCRIPTION

4: BEGIN DATE

5: END DATE

6: QUANTITY

7: COST

8: TOTAL COST

9: STATUS

1-CATEGORY

__________

CODE

Asst. Tech

________

I

ADD

END

2-CATEGORY

__________

CODE

Asst. Tech

________

I

ADD

END

3-CATEGORY

__________

CODE

Asst. Tech

________

I

ADD

END

4-CATEGORY

__________

CODE

Asst. Tech

________

I

ADD

END

5-CATEGORY

__________

CODE

Asst. Tech

________

I

ADD

END

Data Entry Signature: __________________________________________ Date: _______/_____/_____

AT Device Data Entry Form 4/10