

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 <input type="checkbox"/> Interim <input type="checkbox"/> Initial <input type="checkbox"/> 6 Month ____6 ____18 ____30 <input type="checkbox"/> Annual ____12 ____24 ____36 <input type="checkbox"/> 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: _____

<i>Vendor:</i>		<i>Catalog:</i>		<i>Dispensary:</i>				
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: ____/____/____								