

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: (____) _____ EIOD NAME: _____ DATE: ____/____/____ EIOD SIGNATURE: _____	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: ____/____/____
<p>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.</p>		

<i>Vendor:</i>		<i>Catalog:</i>				<i>Dispensary:</i>			
1: CATEGORY/ CODE	2: CPT/HQPCS CODE	3: AT ITEM/ DEVICE DESCRIPTION	4: BEGIN DATE	5: END DATE	6: QUANTITY	7: COST	8: TOTAL COST	9: STATUS	
1-CATEGORY ----- Asst. Tech ----- I								ADD END	
2-CATEGORY ----- Asst. Tech ----- I								ADD END	
3-CATEGORY ----- Asst. Tech ----- I								ADD END	
4-CATEGORY ----- Asst. Tech ----- I								ADD END	
5-CATEGORY ----- Asst. Tech ----- I								ADD END	

Data Entry Signature: _____ Date: ____/____/____