

PINELLAS COUNTY SCHOOLS
ESE Speech/Language Pathology Documentation of Services Billing Form

PRINT all information

Student Name _____ (Last) _____ (First) _____		School _____		SLP _____
Student # _____		Diagnosis Code: _____		Diagnosis: _____
Place of Service: _____		Type of Service: <u>Speech/Language Therapy</u>		
IEP Date _____		Minutes SI _____	Minutes LI _____	Medicaid # _____

m/d/y	Procedure Code ☐ 92506 Evaluation ☐ 92507 Individual Tx ☐ 92508 Group Tx # in group _____ ☐ Other	Therapy Methods ☐ Articulation ☐ Language ☐ Voice ☐ Fluency ☐ Other	Service Length ☐ 15 min. (1 unit) ☐ 30 min. (2 units) ☐ 45 min. (3 units) ☐ 60 min. (4 units) ☐ No Service* *Code _____ Total Units _____	Progress Towards Goals ☐ Regression ☐ No Improvement ☐ Continuing Improvement ☐ Significant Improvement Therapy Notes _____ _____ _____
SLP Signature/credentials _____				
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SLP Printed Name _____	SLP Signature and credentials _____	Date _____
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