

**VERIFICATION OF SERVICES (VOS)** County: \_\_\_\_ Broome \_\_\_\_ Tioga \_\_\_\_ Tompkins

PROGRAM TYPE: EI (0-2) \_\_\_\_ EHCP (3-5) \_\_\_\_

Provider/Agency's Name: \_\_\_\_\_ License No. \_\_\_\_\_ NPI No.: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_ ICD-9/10 \_\_\_\_\_

Address where services are provided: (circle one) Home Day care \_\_\_\_\_

Other Address: \_\_\_\_\_ Service: \_\_\_\_\_ Freq: \_\_\_\_\_ Dur: \_\_\_\_\_ Month/Year \_\_\_\_\_

Date of Service	I/G	# in group	Start Time (am/pm)	End Time (am/pm)	**If Make-up, Cancelled Date	Min per Sess	Location	*Provider's Signature(s)	CPT Code	*Parent/Responsible Person's Signature

**MAKE UP SESSIONS\*\*** – Please acknowledge that each make-up session was provided to your child with your awareness.

Date of Signed Script: \_\_\_\_\_ CPSE-IEP to/from dates: \_\_\_\_\_ Date-New Signed Script (if new IEP): \_\_\_\_\_ New IEP start date if revised: \_\_\_\_\_

Ordering Physician's Name: \_\_\_\_\_

\*The above provider and parent signatures certify that the services were provided at the times and dates indicated.

\*\*A session that is provided on a different day during the same week as the regularly scheduled session is not considered a make-up session.