



Division of Financial Operations
 Non-Public School Payables 65
 Court Street, Room 1001
 Brooklyn, NY 11201

Related Service Billing Form 7A – Tele-Therapy/Remote Services

Month: _____ Year: _____

Section 1: Student Information

Student Name: _____ Date of Birth: _____

NYC ID #: _____ Service District: _____ Related Service: _____

Recommendation on IEP: _____

Hourly Rate: _____ Frequency: _____ Duration: _____ Group Size: _____ Language: _____

Was a DOE Platform (i.e., DOE credentials required to log in) used to provide Tele-therapy service? _____

Section 2: Provider Information

Provider Name: _____ Social Security #: _____

Address: _____

Telephone #: _____ E- Mail Address: _____

Section 3: Agency Information

Agency Name: _____ Federal Tax ID #: _____

Address: _____

E-Mail Address: _____ Telephone #: _____

Section 4: Service Provision

Date (MM/DD/YY)	Frequency	Start Time (HH:MM)	End Time (HH:MM)	Group Size	Delivery Mode A = Audio Only V = Audio & Video

Total # of Sessions: Rate: Total Amount Due:

Section 5: Certification and Signature

I hereby certify that I have provided remote related services on the dates for the duration indicated herein; all tele-therapy services were provided in compliance with DOE guidance; and, I have received an acknowledgement from the parent/guardian confirming the services as indicated above. I understand that when completed and filed, this form becomes a record of the Board of Education and that any material misrepresentation may subject me to criminal, civil and/or administrative action.

Parent Email/Phone: _____

Date Received: _____

Provider Signature: _____

Provider Name/Date: _____

Parent/Guardian:
 Review this form and confirm that, to the best of your knowledge, the tele-therapy sessions were provided as indicated above. The confirmation can be by email, other electronic means, or by telephone (Parent/Guardian without email or internet access) and once received, provider will rely on it as your acknowledgment of services rendered.

Provider (Check One Below):
 Indicate below how Parent/Guardian verified the accuracy of the information provided in Sections 1 and 4 above by checking the appropriate box.

Email: Phone: