

CONTRACTOR COVER SHEET

revised 10/1/2014



CONTRACTOR NAME: _____

Month & Year of Services: _____

Therapy Rate per hour _____ X _____ hours = \$ _____

Total Amount Due: \$ _____

3075 Ridge Pike
Eagleville, PA 19403
Phone: 610-265-4700
EI Fax: 610-878-9318
www.thearcalliance.org

CHILD SERVICE LOG

Child's Name	INCREASE		DECREASE		SERVICE DISCHARGE		CLOSE EI
	Level	Date	Level	Date	Discipline	Date	Date

PLEASE NOTE ~ Failure to complete this entire form may result in a delay of payment.