

# 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.