Emilia's Kias

84-03 57th Avenue, Elmhurst, NY 11373 Ph 718-899-9060 Fax 718-899-9061

NOTICE OF 3 CONSECUTIVE MISSED HOME-BASED SESSIONS

Child's EI #: DOB:	Child's Name:					
Provider's Signature and Title: Please fax or email asap to Emilia's Kids, do not wait until billing is due. PLEASE NOTE Failing to follow DOH requirements to report when services are not provided as per frequency and duration will delay billing and payment. Authorized Service: (Please Check One)				/		
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Authorized Service: (Please Check One) Family Training			•	•		
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Pamily Training	billing and payment.					
Pamily Training						
Family Training	Authorized Service:					
Physical Therapy	(Please Check One)					
Speech Therapy Occupational Therapy Frequency and Duration: X 30 min 60 min Week Month Session Dates Missed:	☐ Family Training	<u> </u>				
Reason for Missed Sessions: (Please check one or more – if there are multiple reasons for missed sessions, document which reason corresponds to each session in the space provided below) Child sleeping						
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(Please check one or more – if there are multiple reasons for missed sessions, document which reason corresponds to each session in the space provided below) Child sleeping	Session Dates Missed: _					
Child sleeping	Reason for Missed Sess	ions:				
Child sleeping Provider sick Provider on vacation Date Parent Notified(at least 5 days before) Pamily moved Family on vacation Date Returning : Date Returning : Date Returning : Date: Da	•		ons for misse	d sessions, docun	nent which reason co	orresponds to
Clarification of reason(s) for Missed Sessions: Make-Ups Offered: Yes Date(s):(must be within 2 weeks) Date Received at Emilia's Kids: Date Returning : Date:	each session in the space	e provided below)				
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Family moved Family on vacation Date Returning : Other (please explain below) If family on Vacation please have the parent sign below: Parent's Signature: Date: Clarification of reason(s) for Missed Sessions: Make-Ups Offered: Yes Date(s):(must be within 2 weeks) VACATIONS LONGER THAN 14 DAYS PARENTS CHOOSE TO : wait for this therapist to return or be assigned a new therapist Date Received at Emilia's Kids:			Date Paren	t Notified(at least 5	days hefore)	
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Date Received at Emilia's Kids:			aturn or	□ he assign	ned a new thoronist	
	PARENTS CHOOSE TO .	wait for this therapist to re	eturii or	Li De assigi	ied a new therapist	
Sent to OSC:	Date Received at Emilia	's Kids:				
	Sent to OSC:					
Date: Sent by:	Date:	Sent by:				