

Early Intervention Confirmation of Service Delivery

Mo/Yr _____

Child's Name (Last, First)	DOB:	Agency	NPI #	County	Service SP/OT/PT/SPED/ABA/FT/SW	Frequency	Duration	
		MKSA, LLC	1700208709					
Print Name of Service Provider / License or Cert #/NPI #		I certify that on the dates below, the above named child received the services noted and that documentation exists and is maintained on file verifying the delivery of said services in accordance with all relevant federal, state and local laws and regulations governing the Medicaid process.						
		Provider Signature:					Date:	

Date of Service	Start time	End time	Codes: P H CA CV TA TV MU	Parent/Guardian Signature/Verifying Witness Signature	Date Parent Signature	Provider Signature	Date Provider Signature
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