Awarded Hours: [student name] was awarded 10 hours per week of ABA Services. Please keep careful track of your hours to ensure you do not exceed the weekly amount, as we cannot reimburse for services beyond the mandated amount. The week goes from Monday-Sunday. Your billing form and log notes are attached for your convenience.

Important Guidelines

- **Federal Holidays**: All federal holidays are non-billable, so services should not be provided on those days. However, you may work for the full 46 weeks of the year. If you're unsure whether a specific day is a holiday, feel free to reach out for clarification.
- Scheduling: Per policy, you must call and schedule your first session within 7 business days of receiving this email. Please notify us of the scheduled start date.
- **Progress Reports**: Quarterly progress reports are required and are due on **December 1, February 15,** and **June 1**. An additional report is due in **August** if the student is awarded summer services. The due date of the provider's first report depends on their start date. For example, if services begin in May, the first report is due June 1; if services begin in October, the first report is due December 1.

Billing Information

New York Therapy collects the **original Vendor Monthly Service Invoice Form**. You may **mail** your forms monthly, quarterly, or at the end of the school year. Please send them to the following address:

New York Therapy Placement Services, Inc.

500 Bi-County Blvd, Suite 450

Farmingdale, New York, 11735

Attn: Donna Sutherland

Billing Guidelines

- **Time Increments**: All billing must be submitted in **15-minute increments**.
- **Submission Deadline**: Billing is due by the **7th of the month**. For example, November billing must be submitted by December 7th.
- A **7-day grace period** will be provided.
- Bi-Monthly Billing Option:
- For services provided between the **1st and 15th**, upload billing by the **20th of the current month**.
- For services provided between the **16th and 30th/31st**, submit billing at the end of the month.

• Important: Only use one Vendor Monthly Service Invoice Form per child per month. Signatures are required at the end of the month when all sessions have been completed.

Important Reminders

Do Not Alter the Vendor Monthly Service Invoice Form:

Do not use whiteout, cross out, or make alterations to this legal document. Forms with corrections will be returned for re-completion, delaying payment. Please double-check all forms for accuracy before submission.

Billing Upload Instructions (Step by Step):

- 1. Open link: <u>https://vasion.nytps.com/formName/45</u>
- 2. Therapist ID: (XXXX)
- 3. Run Lookup
- 4. Program Type: select (NYC IHO)
- 5. Service Month: select (MONTH)
- 6. Billing Period: select (Entire Month / Mid-Month)
- 7. Date: select (Today)
- Attach Personal Invoice, Session Notes, Vendor Monthly Service Invoice Form (PLEASE combine all of your documents in one PDF - you can use this free link - <u>https://combinepdf.com/</u>)
- 9. Submit