

Child's Unique Number      Child's Social Security Number      Child's Hospital #      Child's Name (Last,First)      Child's Date of Birth      Child's A.K.A.

**SERVICE DATES**

From Date	To Date	Service	CPT	Recipient	ICD9	Units	Status	Agency	Fee	Location	Provider	Payer	Ref #	Paid Date	Paid Amount	Flags	Denial Reason
<b>Intervention Records:</b>																	
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
7																	
8																	

Appt. Date	Appt. Time	Service	Recipient	ICD9	Agency	Status	Location	Units	Provider	Site	Clinic Type
<b>Appointment Records:</b>											
1						1 / 2					
2						1 / 2					
3						1 / 2					

<p><b>Recipient Codes</b></p> <p>1= Child                  2= Mother                  3= Father                  4= Sibling                  5= Other                  6= Foster Parent                  7= Guardian                  8= Family                  M= Multiple Payers                  P= Multi-Disciplinary Team                  E,E1-E5,EH = Exception Codes</p> <p><b>Status Codes</b></p> <p>3= New Service/Service Start                  4= Ongoing Service                  6= One Time Service                  7= Third Party Payment                  8= Service at Program Entry                  F= Face-to-Face Contact                  T= Service Termination</p>	<p><b>Location Codes</b></p> <p>1= Child's Home                  2= EIP Clinic/Office                  3= Hospital/Inpatient                  4= School                  5= Child Care                  6= Other                  7= Outpatient Clinic (non-EIP)                  8= Residential Facility                  9= EI Center-Based Programs                  A= Community Agency                  F= Family Day Care                  C= County Public Health Unit                  D= CMS Clinic                  P= Public Place</p>
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Notes (Attach notes to Intervention Records by Number)

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