

# THERAPIES AT PLAY, INC (TAP)

*Tap into Early Intervention*

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## Claims Worksheet

Provider: \_\_\_\_\_ Billing Period: \_\_\_\_\_ to \_\_\_\_\_

*To be completed by provider.*

*To be completed by TAP staff.*

	DATE	CHILD NAME	TX	IFSP	UNITS		PD	DND	NOTES
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
					<b>Totals</b>				

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*Bottom section to be completed by TAP*

**Explanation of Reimbursement**

IFSP Units Paid: \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
(rate)

Treatment Units Paid (up to 128): \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
(rate)

Treatment Units Paid (over 128): \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
(rate)

Total Reimbursement to Provider: \_\_\_\_\_