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|  | **Washington State Department of CHILDREN, YOUTH & FAMILES**  **PSYCHOLOGICAL SERVICES BILLING STATEMENT** | DATE OF INVOICE |

|  |  |  |  |
| --- | --- | --- | --- |
| Provider Name |  | FamLink Provider ID |  |
| Provider’s Address |  | Provider’s Phone |  |
| DCYF Caseworker |  | Phone Number |  |
| DCYF Office |  | FamLink Case ID |  |
| Client’s Name |  | Client’s Phone Number |  |

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| --- | --- | --- | --- | --- |
| **Service Provided** | | **Service Time %** | **Amount Billed** | **Total Due** |
|  | Psychological Evaluation  (Testing with interpretation and report) | # of hours | $       per hour | $ |
|  | Neuropsychological testing battery and neuro-behavioral status exam with interpretation and report *(Conducted in addition to a Psychological Evaluation)* | # of hours | $       per hour | $ |
|  | Parental Evaluation/Parenting Component  *(Conducted in addition to a Psychological or Neuro-psychological evaluation)* | # of hours | $       per hour | $ |
|  | Professional Consultations with DCYF staff or other authorized parties With report | # of hours | $       per hour | $ |
|  | | **1 Unit = 30 minute** |
|  | Individual psychotherapy with report | # of units | $       per unit | $ |
|  | Family group of 2 or more -- Psychotherapy & report WITH client present | # of units | $       per unit | $ |
|  | Family group of 2 or more -- Psychotherapy & report WITHOUT client present | # of units | $       per unit | $ |
|  | Group Psychotherapy with unrelated individuals | # of units | $       per hr, per person | $ |

**1 Unit = 15 minute**

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| --- | --- | --- | --- | --- |
|  | Case Related Travel | # of units | $       per hr, per person | $ |

Allowed hours & rates are posted at <https://www.dcyf.wa.gov/sites/default/files/pdf/Fee-PsychologicalServices.pdf>

% cannot exceed what DCYF authorized.

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| --- | --- | --- |
| **Date** | **Description of Tasks** *(client interview, written testing, report writing, etc.)* | **Hours** |
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**Include a copy of the signed referral and the final report with this invoice.**

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| **COMMENTS:** |

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***Provider Signature***