

Month \_\_\_\_\_ Year \_\_\_\_\_

**ALBUQUERQUE PUBLIC SCHOOLS #E7599**  
**Medicaid School Based Services**  
**Daily Billing Form Nursing Direct Services (GO154 TM)**

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Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School (Place of Service): \_\_\_\_\_

Student I.D. Number: \_\_\_\_\_ IEP Time: \_\_\_\_\_ per \_\_\_\_\_ Physician/ARNP/PA: \_\_\_\_\_

RN/LPN Review (Signature, Credential/Title): \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_\_\_

Date of Service	Time(s) of Service	Exception Code	ICD-9 Code(s)	Minutes of Service	Description of Service and Comments (print clearly)	Student's Reaction to Service	Daily Initial
		<input type="checkbox"/> Absent <input type="checkbox"/> Refused <input type="checkbox"/> Field trip <input type="checkbox"/> Other (see back)				<input type="checkbox"/> Appropriate <input type="checkbox"/> Adverse (see notes)	
		<input type="checkbox"/> Absent <input type="checkbox"/> Refused <input type="checkbox"/> Field trip <input type="checkbox"/> Other (see back)				<input type="checkbox"/> Appropriate <input type="checkbox"/> Adverse (see notes)	
		<input type="checkbox"/> Absent <input type="checkbox"/> Refused <input type="checkbox"/> Field trip <input type="checkbox"/> Other (see back)				<input type="checkbox"/> Appropriate <input type="checkbox"/> Adverse (see notes)	
		<input type="checkbox"/> Absent <input type="checkbox"/> Refused <input type="checkbox"/> Field trip <input type="checkbox"/> Other (see back)				<input type="checkbox"/> Appropriate <input type="checkbox"/> Adverse (see notes)	
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		<input type="checkbox"/> Absent <input type="checkbox"/> Refused <input type="checkbox"/> Field trip <input type="checkbox"/> Other (see back)				<input type="checkbox"/> Appropriate <input type="checkbox"/> Adverse (see notes)	
		<input type="checkbox"/> Absent <input type="checkbox"/> Refused <input type="checkbox"/> Field trip <input type="checkbox"/> Other (see back)				<input type="checkbox"/> Appropriate <input type="checkbox"/> Adverse (see notes)	

Initials \_\_\_\_\_ =Signature and Credentials: \_\_\_\_\_ Date: \_\_\_\_\_ Initials \_\_\_\_\_ =Signature and Credentials: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Initials \_\_\_\_\_ =Signature and Credentials: \_\_\_\_\_ Date: \_\_\_\_\_ Initials \_\_\_\_\_ =Signature and Credentials: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_

