

Professional Service Record Instructions

Form 16

Revision: April 13, 2020

Purpose:

To provide supporting documentation for services provided by independent contractors and contract workers. To be used as request for payment.

Instructions:

1. Date – Enter the date the form was completed
2. County/Department – Enter the county where the service was provided. If the form is used by a Central Office Program/Department, enter the name.
3. Last 4 of SS# - Enter the last four digits of the Social Security number. Do NOT enter the entire number.
4. WIN # - Enter the 4-digit number of the contract worker.
5. Provider Name – Enter the name of the service provider.
6. Type of Provider - Check the title of the service provider. If "Other" is checked, specify the type in the blank.
7. Address – Address of provider include Street, PO Box, City, State, and Zip Code.
8. Check the appropriate field for Contract Worker or Independent Contractor.
9. Date of Service – Enter the date services were provided.
10. Earning Code – Enter the appropriate code. Earning codes are only applicable for Early Intervention contract workers. See below:
 - EIHC – Home/Community-PT/OT/SLP
 - EICLN – Clinic-PT/OT/SLP/SI
 - EIHCO – Home/Community-SI
 - EICSI – Clinic-Special Instructor
 - EIHMU – Home/Community-Special Instructor
 - EICCU – Coaching/Consultation
 - EIEVL - Evaluation
 - SPESR – Special Instructor-Home/Comm/Clinic
11. Total Hours/Visit – Enter the total number of hours or visits worked for that date.
12. Rate Hour/Visit – Enter the rate of payment per hour or visit of service.
13. Amount – Enter the amount of reimbursement, which is calculated by multiplying the hours or visits times the rate

14. \$ Mileage – Enter the amount of mileage in dollars. The Travel Voucher (Form 10) must be attached.
15. Meals – Enter the total amount of meals per day. Meals should only be entered in an overnight stay occurs.
16. Hotel – Enter the amount for the hotel. Receipts are required.
17. Total – Enter the total amount encountered per day.
18. Signature – The service provider must sign the form.

Office Mechanics and Filing:

Provider - The provider will submit the completed form for all services for the pay period (contract workers) or month.

If working in a county location, the provider will return the form to the county office manager who will check for accuracy and completeness and forward to the Department or Regional Office. The Department or Regional Office will then prepare a Payment Request.

If working in a Department or Regional Office, the provider will return the form to the assigned staff in the Department or Regional Office, who will check for accuracy and completeness and prepare a Payment Request.

Department or Regional Office - The Department or Regional Office will forward the Payment Request and the original Form 16 to Finance and Accounts.

Retention:

Form 16 will be retained for three years from the date of the audit report.