

Firm Foundation, Inc.
 705 Cumberland Street Fayetteville N.C 28301
 Phone (910) 485-3332 Fax (910) 485 -1453

Therapeutic and Foster Care Billing

Section I. Provider Information			
Provider Name:	Phone		Month and Year you are billing for:
Provider Address :	City:		

Section II. Services Provided. Check all that apply.

Type of Service Below

Therapeutic Foster Care (Age Birth-21 Years)

Foster Care (Age Birth-21 Years)

Respite

Key: Section III. P= Present T = Therapeutic Leave H= Hospital O= Other

Consumer	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Date Submitted: ___/___/___ Provider Name Submitting Form: _____ Supervisor Signature _____ Date _____

Property of Firm Foundation, INC (Revised 1/2020) MUST BE TURNED INTO FIRM FOUNDATION SIGNED AND FULLY COMPLETED BY THE 1st OF EVERY MONTH WITH NOTES, MEDICATION DOUMENTS AND FIREDRILL EXERCISES.

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