

Babies Can't Wait
GEORGIA BCW PROVIDER VOUCHER FORM

DISTRICT _____

Child's Name: _____ **Month/Year:** _____

Service Provider Company: _____ **Provider Name:** _____

Service Provided: PT _____ OT _____ ST _____ SI _____ SC _____ Other _____

Note to Parent/Guardian/Caregiver: Your signature on this document verifies that the service was provided on the date and at the times listed and is the basis of reimbursement for this service by Babies Can't Wait. Please DO NOT sign after blank, incomplete or incorrect lines.

	Date of Service	Beginning Time	Ending Time	Signature of Parent/Guardian/Caregiver	Date
1	_____	_____ AM / PM	_____ AM / PM	_____	_____
2	_____	_____ AM / PM	_____ AM / PM	_____	_____
3	_____	_____ AM / PM	_____ AM / PM	_____	_____
4	_____	_____ AM / PM	_____ AM / PM	_____	_____
5	_____	_____ AM / PM	_____ AM / PM	_____	_____
6	_____	_____ AM / PM	_____ AM / PM	_____	_____
7	_____	_____ AM / PM	_____ AM / PM	_____	_____
8	_____	_____ AM / PM	_____ AM / PM	_____	_____
9	_____	_____ AM / PM	_____ AM / PM	_____	_____
10	_____	_____ AM / PM	_____ AM / PM	_____	_____

By signature below, I certify that I have provided the services listed above. I further acknowledge that the original signed voucher must accompany the bill submitted to BCW for these services. All bills submitted for payment without this voucher will be declined.

Signature of Individual Provider _____ Date _____