



SAMPLE - Family Cost Participation Statement – SAMPLe

Account #: 123456 → Your First Steps account number. Statement Date: 1/27/2016 → Date the statement was generated.

For Services Occurring Between: 10/28/2015 and 11/27/2015 → Services delivered between these dates are included in the calculation of the fee in this statement.

3900 → The SPOE region where the child resides.
 JOHN DOE
 1234 STREET
 ANYWHERE, MO 61234

First Steps Participants **Service Coordinator** **Phone**
 Jane Doe Suzy Que (555) 123-4567 → Call this phone number to report changes to address, insurance company, income or family members.

Please inform your Service Coordinator immediately of changes in address, insurance, income or family members.

This statement includes payments processed by the 27th of the month. Any payments made after the 27th of the month are not reflected.

<u>Date</u>	<u>Description</u>	<u>Amount</u>	<u>Aging Information</u>
11/27/2015	Previous Statement Balance.....	173.16	* Current \$81.58
12/20/2015	Payment Received (Thank You).....	-86.58	Over 30 \$86.58
12/27/2015	Monthly Fee.....	86.58	Over 60 -
12/27/2015	Fee Adjustment.....	-5.00	Over 90 -
Balance Due		\$168.16	

Transactions that have occurred since your last statement period.

Account information for the past 90 days.

* "Current" represents fees incurred since your last statement.

With parental consent, the following services may be covered by private insurance: Occupational Therapy, Physical Therapy, Speech Language Pathology, Assistive Technology.

The following services are not covered by private insurance: Applied Behavior Analysis, Audiology, Counseling, Health, Dietary/Nutrition, Medical, Nursing, Psychological, Service Coordination, Sign/Cued Language, Special Instruction, Social Work, Transportation, Vision.

Questions about your bill? Contact the CFO at 1-866-711-2573 Ext. # 1. → Call this phone number if you have payment questions.

✂----- please tear along this line and send in with payment -----

Important - Please return this portion with your payment
DO NOT SEND CASH
 Please make checks payable to:
Central Finance Office (CFO)

Jane Doe
 Account # 123456
Minimum Due \$86.58
Balance \$168.16
Due Date 02/20/2016
Amount Enclosed _____

Send Payments Only To:

MISSOURI FIRST STEPS
 PAYMENT PROCESSING CENTER
 PO BOX 29134
 SHAWNEE MISSION KS 66201-9134