Division of Financial Operations
Non-Public School Payables
65Court Street, Room 1001
Brooklyn, NY 11201

Reset Form

Independent Providers of Nursing / Health Aid Services Billing Form: RSA - 7B

Invoice No: _____

Student / Independent / Agency Information

Name of Student: _____ OSIS / NYC ID # _____

Name of Nurse / Health Aide: _____ Social Security # _____

Name of Agency: _____ Employers Tax ID # _____

Date of Service	Time - In	Time - Out	Hours	Total Amount

Total # of Sessions: _____ Rate: _____ Total Amount Due: _____

Certification

This is to certify that the above information is true and accurate and all services have been provided.

Signature of Nurse/Health Aide: _____ Date: _____

Signature of Principal: _____ Date: _____