Physician Service Provider Log

Student's name:		**Provider's Name:**	
Student's date of birth:	**PA Secure ID:**	**Provider's Title:**	
School:	**Date:**	**Provider's Signature:**	
Disability/symptom(s):		☐ **Early Intervention** ☐ **School Age**	

Service	Treatment			Refer to the keys below for an explanation of the treatment codes and progress indicators		
Date	Start Time	End Time	Treatment Key (see Pg 2)	Service Type	Progress Indicator Key	Description of Service

Service Type:

In-Person:	
D = Direct – In-person Session	
Telehealth:	
10 = Direct – Telehealth Session (student at home)	**02 =** Direct – Telehealth Session (student somewhere other than home)

Progress Indicator Type:

Mn = Maintaining	**Pr =** Progressing	**In =** Inconsistent
Rg = Regressing	**Ms =** Mastering	

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Treatment Key:

1	Face-to-face encounter with student in conjunction with completion of Medical Practitioner Authorization Forms; prescriptions; referral reports and documentation; relative to the SBAP.
2	An encounter with student for review of IEP document and additional documents to determine medical necessity for the medical/mental health-related services designated by the IEP team.

Notes:

- Services rendered via telehealth must be provided according to the same standard of care as if delivered in person.
- Physician Services must be provided one-to-one with the student in order to be compensable through the School-Based ACCESS Program.