



5802 Benjamin Center Drive #105
Tampa, FL 33634

Telephone: 855-444-3747
Fax: 855-440-3747

FACSIMILE COVER SHEET

To:	eQHealth CDC+ Reviewer
From:	
Phone:	
Date:	
Pages incl. coversheet:	
Consultant Name:	
Consultant Phone #:	

Submission:

- Initial/Admission Authorization
- Continued Stay/Recertification Authorization
- Modification to an Existing Authorization
 - Increase in Services
 - Decrease in Services
- Discharge from Services (Date: _____)
- Response to Request for Additional Information
- Reconsideration Request

Documents Included:

- Current Support Plan
- Current Cost Plan
- Physician Order for Services
- Physician Visit Documentation Form
- Plan of Care
- Parent/Guardian Work Schedule
- Parent/Guardian Statement of Work Schedule
- Parent/Guardian School Schedule
- Parent/Guardian Medical Limitations
- Reconsideration Request

Refer to the "Documentation Requirements for CDC+" posted on <http://fl.eqhs.org> for documentation requirements for service authorizations.

CONFIDENTIALITY OF INFORMATION

This fax transmission is intended only for use of the individual or entity to which it is addressed and may contain information that is privileged and confidential. If you are not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this transmission is strictly prohibited. If you have received this transmission in error, please notify our office immediately to arrange for the return of the documents you have received.