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FACSIMILE COVER SHEET

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

Documentation Requirements for CDC+ [Click Here](#)

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

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