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FACSIMILE COVER SHEET

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|--------------------------------|------------------------|
| 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.

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