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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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