



Children'sSM
Healthcare of Atlanta
Dedicated to All Better

Physician's Statement of Medical Necessity and Services

The above-named individual is currently under my medical care. I have recommended the treatment/apparatus indicated, which is medically necessary for optimal care of the condition for which I have been consulted.

Physician's name

Physician's signature

Date

Physician's license number

Address

City State ZIP

Fax

For questions about anything on this script, contact:

Physician's office contact

Phone

Visit choa.org/rehabprofessionals for more information or to reorder this form.

Some physicians and affiliated healthcare professionals on the Children's Healthcare of Atlanta team are independent providers and are not our employees.

Rehabilitation Services

(Please print)

Patient's name: _____
First Middle Last

Patient's date of birth: _____ Patient's sex: Male Female

Parent/Guardian name: _____

Phone: _____ Cell/Work: _____

Address: _____

City: _____ State: _____ ZIP: _____

Medical/treating diagnosis: _____

Diagnosis code: _____

This patient needs a _____ interpreter for _____
Language Service

Audiology

Hearing evaluation/audiogram/otoacoustic emissions testing

Auditory brainstem response test (choose one)

Non-sedated ABR (patient under 4 months old using adjusted age)

Sedated ABR (patient at least 4 months old using adjusted age)

Auditory processing evaluation

Cochlear implant services

Hearing aid(s) (choose one)

New

Established

Newborn hearing screening/follow-up

Bone conduction (for softband)

Bone anchored hearing device (for surgical implants)

Occupational therapy (OT)

Physical therapy (PT)

Speech-language pathology (ST)*

Auditory-verbal therapy (patient has hearing loss)

Clinical feeding

OT or ST as appropriate

Voice therapy

Reading disorder therapy

Flexible endoscopic evaluation of swallowing (FEES)

Egleston hospital

Scottish Rite hospital

Hand therapy

Constraint-induced movement therapy (CIMT)

Aquatic therapy (OT or PT as appropriate)

Serial casting (OT or PT as appropriate)

Start date: _____

Duration: _____

Splinting (OT or PT as appropriate)

Type of splint: _____

Vestibular rehabilitation

Primary symptom(s): _____

Assistive technology**

Augmentative communication (OT and ST as appropriate)

Seating and mobility

Computer access and environmental control evaluations

Oral pharyngeal motility study/modified barium swallow study (OPMS)

Egleston hospital

Scottish Rite hospital

Children's at Webb Bridge

Orthotics and prosthetics

(Specify device) _____

Cranial remolding orthosis

Cranial remolding with PT evaluation

Other _____

Evaluation only _____ **Evaluation and treatment as needed** _____

Recommended frequency _____ x per _____ (week/month)

Rehab potential: Good Fair Poor

**If your office performed a hearing screening on this patient, indicate the results.*

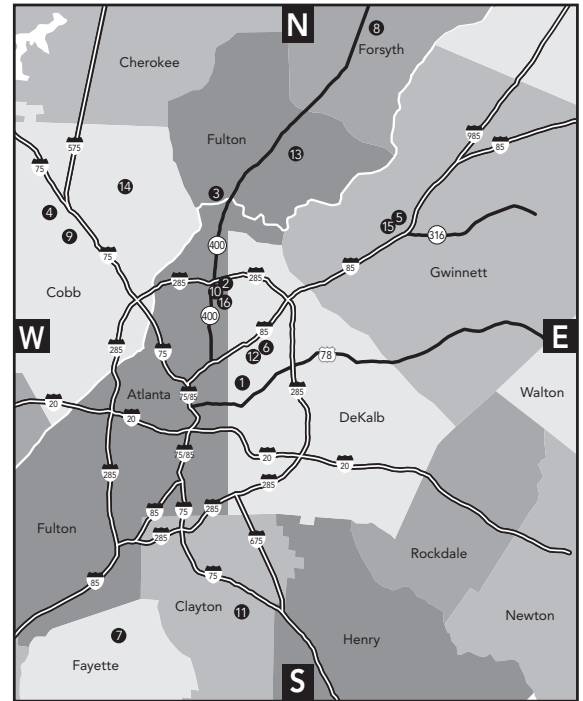
Date of screening _____ Pass Fail

**Date of patient's last office visit: _____ (Georgia Medicaid requirement)

Height _____ Weight _____ (for assistive technology and wheelchair only)

List specific contraindications, precautions or weight-bearing limitations.

For this service:	Parents, call this number to schedule:	Physicians, fax order to this number:
Rehabilitation (For services not listed below)	404-785-7100	404-785-7113
Hand Therapy	404-785-4611	404-785-3732
Assistive Technology	404-785-3718	404-785-3768
Orthotics and Prosthetics, Cranial Remolding	404-785-3229	404-785-5690
OPMS, FEES—Egleston	404-785-3255	404-785-1158
OPMS, FEES— Scottish Rite and Children’s at Webb Bridge (OPMS only at Webb Bridge)	404-785-2270	404-785-5311
To request an appointment online: • choa.org/rehabappointment [choa.org/citapararehabilitacion]		



MAP NOT DRAWN TO SCALE

Location	Services offered at this location	
	Rehab	Orthotics & Prosthetics
1. Egleston hospital 1405 Clifton Road NE, Atlanta, GA 30322	X	
2. Scottish Rite hospital 1001 Johnson Ferry Road NE, Atlanta, GA 30342	X	
3. Children’s at Alpharetta Highway 11835 Alpharetta Highway, Roswell, GA 30076 <i>A service of Children’s at Scottish Rite hospital</i>	X	
4. Children’s at Cobb 1371 Church St. Extension, Marietta, GA 30060 <i>A service of Children’s at Scottish Rite hospital</i>	X	
5. Children’s at Duluth 2270 Duluth Highway 120, Suite 200, Duluth, GA 30097 <i>A service of Children’s at Scottish Rite hospital</i>		X
6. Children’s at Executive Park 6 Executive Park Drive NE, Suite 50, Atlanta, GA 30329		X
7. Children’s at Fayette 1265 Highway 54 West, Suite 200, Fayetteville, GA 30214 <i>A service of Children’s at Scottish Rite hospital</i>	X	X
8. Children’s at Forsyth 410 Peachtree Parkway, Suite 300, Cumming, GA 30041 <i>A service of Children’s at Scottish Rite hospital</i>	X	X
9. Children’s at Marietta 175 White St., Suite 350, Marietta, GA 30060		X
10. Children’s at Meridian Mark 5445 Meridian Mark Road NE, Atlanta, GA 30342 <i>A service of Children’s at Scottish Rite hospital</i>		X
11. Children’s at Mount Zion 2201 Mount Zion Parkway, Morrow, GA 30260 <i>A service of Children’s at Scottish Rite hospital</i>	X	X
12. Children’s at North Druid Hills 1605 Chantilly Drive, Atlanta, GA 30324 <i>A service of Children’s at Scottish Rite hospital</i>	X	
13. Children’s at Old Milton Parkway 3300 Old Milton Parkway, Suite 370, Alpharetta, GA 30005		X
14. Children’s at Sandy Plains 3618 Sandy Plains Road, Suite 100, Marietta, GA 30066 <i>A service of Children’s at Scottish Rite hospital</i>	X	X
15. Children’s at Satellite Boulevard 2620 Satellite Blvd., Suite 100, Duluth, GA 30096 <i>A service of Children’s at Scottish Rite hospital</i>	X	
16. The Children’s Medical Office Building 5455 Meridian Mark Road NE, Suite 300, Atlanta, GA 30342 <i>A service of Children’s at Scottish Rite hospital</i>	X	

Visit choa.org/locations for door-to-door driving directions.