**Physician or Other Practitioner of the Healing Arts  
Recommendation For Children’s Habilitation Intervention Services**

| **Section #1: Individual’s Information** | |
| --- | --- |
| First Name: | Last Name: |
| Medicaid ID #: | Birthdate: |
| Email Address: | Phone Number: |
| Parent/Decision Making Authority Name: | |
| ☐ I am the above listed individual’s parent/decision making authority and I am giving consent to request a physician’s recommendation for Children’s Habilitation Intervention Services.  Parent/Decision Making Authority Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Return this form to the contact listed in Section #2**

| **Section #2: Contact Information** | |
| --- | --- |
| Contact Person Name: Missy Garst | Phone Number: (262)705-4326 |
| Email Address:missyg@hingepointyh.com | Fax (if applicable): |
| Address: | |

| **Section #3: Physician or Other Practitioner of the Healing Arts Information & Recommendation Section** |
| --- |
| Physician Name: |
| Phone Number: |
| Address: |
| NPI Number (if needed): |
| x I am recommending Children’s Habiltiation Intevenion Services for the child listed above.  ☐ I do not agree with the recommendation.  Reason for disagreement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature and Credential: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |