

IEP Care Coordination/Physician Referral

Dear Parent:

The Sample City School District is required to coordinate your child’s IEP therapy services with their Primary Care Physician. Recent changes in who can “Order, Refer, and Prescribe” IEP therapy services may soon require that a “Physician Referral” be obtained in order to meet Medicaid requirements. Before we can coordinate your child’s IEP services with their Primary Care Physician, we must first get your permission. Please sign and date in the yellow highlighted area below, and forward this form to your child’s Primary Care Physician.

I give consent to the Sample City School District to share IEP information with my Primary Care Physician in order to obtain a referral for the following school-based therapy services.

- Speech and Language Services
- Occupational Therapy Services
- Physical Therapy Services
- Audiology Services
- Psychology Services
- Social Work Services
- Counseling Services

Parent Signature: _____

Date: _____

Dear Primary Care Physician:

As explained above, the Sample City School District is required to coordinate IEP services with the student’s Primary Care Physician. Effective 08/01/2016, IEP therapy services will require a physician referral. We would appreciate your referral for the above services, and can provide any additional supporting documentation that you request.

I am referring the following student for the school based IEP Evaluation and Therapy services checked above:

Student Name: William C. Smith, DOB 01/12/1999

Physician Signature: _____

Date: _____

Physician Medicaid Provider Number: _____

Physician NPI Number: _____

Please return to:

Sample City Schools
55 High Street
Carroll, Ohio 43112
Fax: 740-639-4217
Phone 740-639-4218