Dear Dr.________________________

_______________________ has recently been referred to Carbon-Monroe-Pike Counties Early Intervention Program. To receive this service, medical necessity must be established. Please review and complete this and return to:
CMP Early Intervention Program
732 Phillips Street
Stroudsburg, PA 18360
Fax: 570-517-2278
Attention:
(570) 420-1900 ext.

Medical Necessity

It is medically necessary for ________________________ to be evaluated and receive treatment for Early Intervention Services from __________________ through his/her 3rd birthday.

Early Intervention Evaluation Teams or Treating Therapists may consist of (but are not limited to) a combination of the following disciplines: Speech Therapy, Physical Therapy, Occupational Therapy, Special Instruction, and Nutritional Services.

_________________________  ______________________
Physician’s Signature      Date