



Request for the Provision of a Medically Necessary Positioning Device

We would like to assess the transportation needs of the patient in the care of Children's Medical Services for whom you are requesting a special needs positioning. If you are unfamiliar with special needs positioning devices, their uses and applicability to your client/s needs please do not hesitate to request additional information. All information must be filled in. Once you have completed this form please fax it to 404-679-4975 or email it to us at injury@dph.ga.gov. Thank you!

Date: _____ Request made by: _____

Location/Name of Agency: _____

Email: _____ Phone Number: _____

Background Information on Other Sources Funding Sought

- 1) Are the caregivers for this child currently working with a Children's Medical Services (CMS) coordinator? _____
- 2) Is this child on or eligible for **public assistance**? _____
 - a. If yes, has a request for the funding of a positioning device been **submitted to Medicaid**? _____
 - b. What was the outcome of the request to Medicaid for a positioning device? _____
- 3) Does the child have **private medical insurance**? _____
 - a. If yes, has the **insurance company** been **contacted** in regards to a request for the positioning device? _____
 - b. If yes, what was the **outcome**? _____
- 4) If a request for the positioning device was made to a private insurance company and the company refused to pay or reimburse for the positioning device:
 - a. What was the **reason given for the refusal**? _____
 - b. What is the **name of the insurance company** contacted? _____
- 5) Have any **other potential sources** for the funding or reimbursement of a positioning device been sought? _____

Health Information

- 1) What is the child's **medical condition** that has brought the child to the attention of CMS or your agency? _____
- 2) What is the child's **physical tolerance level**? _____
 - a. Can the child **sit in an upright position** for a prolonged period of time without assistance? _____
 - b. What sort of **muscle tone** does the child have currently? _____
- 3) Caregivers Name _____ Childs Name: _____
- 4) Phone Number _____ County of Residence: _____
- 5) What is the child's **Weight**: _____ **Height**: _____ **Age**: _____
- 6) Vehicle Type - **Make**: _____ **Model**: _____ **Year**: _____

This is protected health information. Refer to DPH policy GC-09013 to ensure compliance.