

**NASSAU COUNTY
DEPARTMENT OF HEALTH
OFFICE OF CHILDREN WITH SPECIAL NEEDS
Preschool Special Education Program**
60 Charles Lindbergh Blvd. Suite 100, Uniondale, New York 11553-3683

PRESCRIPTION FOR PRESCHOOL BASED RELATED SERVICES

Student's Name: _____ DOB: _____

Agency/School: **Up Wee Grow, Inc.** District: _____
(Agency, Center Based School or Individual Provider)

Period of Service
<i>School year 7/1/15 - 6/30/16</i>

The child named above is recommended for the following service(s). Services when provided will be in accordance with the Individualized Education Program designed by the Committee.

Diagnosis (ICD 10 code) REQUIRED for Services provided on or after 10/01/2015.

Diagnosis (ICD 9code) REQUIRED for Services provided *prior to* 10/01/2015.

Note: Please provide an ICD9 and an ICD 10 code for each service selected

<u>Service/Therapy</u> (Please check any that apply)		
	Services on or after 10/01/2015	Services prior to 10/01/2015
<input type="checkbox"/> OT	ICD 10 Code _____	ICD9 Code _____
<input type="checkbox"/> PT	ICD 10 Code _____	ICD9 Code _____
<input type="checkbox"/> Speech	ICD 10 Code _____	ICD9 Code _____
<input type="checkbox"/> Psy Co*	ICD 10 Code _____	ICD9 Code _____
<input type="checkbox"/> NU**	ICD 10 Code _____	ICD9 Code _____

*Psy Co = Psychological counseling services

**NU= nursing services (In addition to the prescription, a specific Dr.'s order with detailed instructions is required).

Physician/Physician's Assistant/Nurse Practitioner Information

(Please print):

Name:	
Address:	
Phone Number:	
License # (REQUIRED)	
NPI # (REQUIRED)	
Medicaid Provider # (REQUIRED)	

***Signature of Physician/Physician's Assistant (P.A.)/Nurse Practitioner**

Date Signed

***Must be hand written signature: STAMPED SIGNATURE WILL NOT BE ACCEPTED**

Note: Medicaid requires that all services recommended by a Physician, Physician's Assistant, Nurse Practitioner or Licensed Speech Pathologist must be signed **prior to or on** the start date of services.

A FACSIMILE OR PHOTOCOPY OF THIS FORM IS ACCEPTABLE