



1239 East Beltline Ave. NE
Grand Rapids, MI 49525
616.942.0954
800.942.0954

[Date]

[Provider name]

RE: Medical records request for Children's Special Health Care Services Submission

[Member name]

[Member DOB]

[Medicaid ID]

The member above may be eligible for coverage for Children's Special Health Care Services (CSHCS). To facilitate this request, the State requires documentation of the child's diagnosis and treatment plan.

Documentation of physician participation is necessary for CSHCS eligibility. This includes **physician signature, physician addendum to note or a statement that the plan was discussed with the physician.**

Please note, the required physician signature is needed **in addition** to any electronic signatures by non-physician advanced clinicians, including Physician Assistants or Nurse Practitioners.

Please **have the attending physician** co-sign the notes for DOS 04/21/2025. Priority Health will submit this information to CSHCS to determine eligibility into this program.

The attending can also add an attestation in the notes or cosign in Epic and I can retrieve the notes and send to MDHHS.

Thank you,

[Priority Health Care Manager name]
1239 East Beltline Ave. NE
MS 1250
Grand Rapids, MI 49525

*Secure Fax # 616.975.8887