

My Child's Provider List CONTACT INFORMATION

WHO	NAME:	PHONE #	LOCATION	FAX#
CMS NURSE COORDINATOR				
PRIMARY CARE DOCTOR				
SPECIALTY DOCTOR				
SPECIALTY DOCTOR				
SPECIALTY DOCTOR				
SPECIALTY DOCTOR				
SPECIALTY DOCTOR				
SPECIALTY DOCTOR				
HOSPITAL				
PHARMACY				
24 HOUR PHARMACY				
DENTIST				
MEDICAL EQUIPMENT SUPPLIES				

My Child's Provider List CONTACT INFORMATION

WHO	NAME:	PHONE #	LOCATION	FAX#
TRANSPORTATION AGENCY				
	EMAIL:			
PHYSICAL THERAPISTS				
	EMAIL:			
SPEECH THERAPISTS				
	EMAIL:			
OCCUPATIONAL THERAPISTS				
	EMAIL:			
INSURANCE CASE MANAGER				
	EMAIL:			
MED- WAIVER COORDINATOR				
	EMAIL:			
RESPITE PROVIDER				
	EMAIL:			
PERSONAL CARE ASSISTANT				
	EMAIL:			
	EMAIL:			
	EMAIL:			
	EMAIL:			
	EMAIL:			

My Child's School Provider List CONTACT INFORMATION

2008-2009

WHO	NAME:	PHONE #	LOCATION	FAX#
SCHOOL TEACHER				
SPECIAL ED TEACHER				
PARA PROFESSIONAL/ AIDE				
SCHOOL PHYSICAL THERAPISTS				
SCHOOL SPEECH THERAPISTS				
SCHOOL OCCUPATIONAL THERAPISTS				
ESE RESOURCE SPEALISTS				
BEHAVIOR SPEALISTS				
TRANSPORTATION				