

Instructions for Parent/Caregiver

1. Please give the attached form **KB EOHHS AP- 72.1 PHYSICIAN EVALUATION FOR KATIE BECKETT COVERAGE GROUP**, to your child's Pediatrician or other Physician managing his/her care.
2. **Ask the Physician to complete this form.**
3. The completed and signed form can be returned to the Katie Beckett Unit in the attached envelope or it can be included in your child's application packet.

This form must be signed by an M.D. or D.O.

Any questions?

Call Michelle Bouchard, RN, at 401-462-0070