Certification of Need for Treatment

Purpose: To provide a signed statement from the treating physician on the length of time treatment will be needed for breast or cervical cancer.

Number of Copies and Distribution: One copy to be completed by the treating physician and returned to the local Division of Family Services office, and filed in the case record.

Instructions on Completion: The form can be completed in ink or typed. The following parts of this form are to be completed by the caseworker prior to sending to the treating physician:

- Patient Name
- Patient Date of Birth
- Medicaid Number
- Address of where to send the completed form

The form is then sent to the treating physician for completion. A stamped, self-addressed envelope should accompany the form.