
Date

Name of Parent

Address

City

State

Zip Code

REFERRAL TO CALIFORNIA CHILDREN'S SERVICES (CCS) PROGRAM

Dear _____:

I am writing to inform you that a referral has been made to CCS on behalf of your child, _____. This referral is based on concerns I have regarding your child's health. I believe it would be best to have a pediatric specialist assist me in evaluating the need for further tests or treatments. It is possible that one of the CCS program specialists will need to examine your child personally.

CCS is a state program operated in each county for infants, children and adolescents. The program uses pediatric physicians, dentists, and special care centers who are expert in the diagnosis and treatment of certain medical conditions. I think your child would benefit from this expertise. After receiving CCS' assessment, we can work together to develop a plan to improve your child's health.

Your current health care plan does not cover services to diagnose and treat CCS eligible medical conditions. However, if your child is found to have a CCS eligible medical condition, the diagnosis and treatment services will be covered by the CCS program. You will be receiving a package of materials from the CCS program in the mail very soon. The package will have a CCS application and information on how CCS can help your child. Please complete and sign the application and return it to the CCS program as soon as possible. Completing this application will, in most cases, allow CCS to continue to cover those services even if your health insurance coverage is lost. If your child's condition is not CCS eligible, my office will continue providing for the medical needs your child may have. If your insurance coverage changes in any way, it is important that you notify my office and the CCS program immediately.

If you have any questions or concerns about your child's health or this referral, please contact me at my office. The local CCS program will be in contact with you and will notify you about their application process.

Thank you for the opportunity to provide health care for your child. I will be continuing to follow your child's health very closely and coordinating services with the CCS providers where your child may also receive care.

Name of Doctor