UnitedHealthcare Children's Foundation

Physician's Certification of Medical Condition

Child's Information (To be completed by the child's Parent/Legal Guardian)

Child's Name: _____ Child's Date of Birth: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____

***Parent/Legal Guardian*: After your child's physician has completed this form, please attach it to your child's online application. You may do this by scanning a copy to your computer, or by taking a picture of each side of the form and attaching them.**

Child's Medical Information (To be completed by the child's physician)

NOTE: Physician must be an M.D., D.O., or for hearing-related conditions, an Au.D.
The parent/legal guardian of the child listed above has applied for a medical grant with the UnitedHealthcare Children's Foundation (UHCCF). Please complete the following medical information.

Child's Primary Diagnosis: _____

Child's Secondary Diagnosis (if applicable): _____

How are the current diagnoses impacting the child's life? (check all that apply):
☐ Medically
☐ Socially
☐ Psychologically/Behaviorally
☐ Other: _____

I recommend the following (indicate and describe all that apply) and describe why they are needed:
☐ Medical and/or Surgical Treatments or Procedures: _____

_____

_____

☐ Durable or Disposable Items/Equipment: _____

_____

_____

☐ Therapy(ies): _____

_____

_____

If recommended therapy is a drug, formula or medical food, has the manufacturer's representative been contacted for assistance? Please provide details: _____

_____

_____

☐ Other: _____

The goal of these therapies/treatments is: _____

Has the child previously received these therapies/treatments? _____

If yes, have they been effective? _____

Additional Notes/Comments: _____

Physician Information – Items marked with an (*) are required in order to process form.

*Physician Name: _____ *Title: _____

Provider I.D. #: _____ Telephone: _____

Address: _____

*Signature: _____ *Date: _____

Physician: ***Thank you for taking time to complete this information. Please return this form back to the child's parent and/or legal guardian so that they may attach it to their child's grant application.***