



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Department of Health and Human Services
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Letter of Medical Necessity for the Other Related Conditions (ORC) Waiver

Consumer: _____

Date: _____

Address: _____

MaineCare#: _____

City: _____ State: _____, Zip: _____

My signature below confirms that is my professional and clinical opinion that the above referenced individual meets the medical diagnosis for the following condition. In addition, this diagnosis occurred during the individual's developmental period and is likely to continue indefinitely.

- Cerebral Palsy
- Epilepsy
- Neurofibromitosis
- Other Choreas
- Anoxic Brain Damage
- Cerebral Laceration and Contusion
- Subarachnoid-Subdural and Extradural Hemorrhage following injury
- Other and Unspecified Intracranial Hemorrhage following injury
- Intracranial injury and unspecific nature
- Any other condition, other than mental illness, found to be closely related to intellectual disabilities because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with intellectual disabilities and requires treatment to services similar to these required for these persons. If so, which diagnosis: _____

Other Comments:

Date: _____

Physician Signature: _____

Printed Name: _____

Address: _____

Phone #: _____

City: _____ State: _____, Zip: _____

Fax #: _____