

**TYPE OF PROVIDER:**

Physical Therapist

**CRITERIA:**

Bachelor's degree/certificate in Physical Therapy.

Licensed by the State of Illinois or the state in which the services are being provided.

Equivalent of one year's paid professional experience working exclusively with physically disabled children; minimum of two years' experience if performing wheelchair evaluations.

If practice includes treatment of children, a minimum 40% pediatric practice is preferred.

For providers who see only patients 16 years and older, there is no preferred minimum practice percentage.

**ADDITIONAL REQUIREMENTS:**

Provide evidence of medical malpractice insurance by insurer licensed in the State of Illinois. Such professional liability insurance shall be in the minimum amount of \$1,000,000 per claim and \$3,000,000 aggregate.

Maintain continuous medical malpractice insurance coverage and if malpractice insurance is discontinued or reduced below level described above will notify DSCC.

Will not seek further payment from DSCC child or child's family beyond amount paid by third party payers or DSCC for approved care.

**DESIRABLE CRITERIA:**

Accept Medicaid and All Kids reimbursement.

Member of multidisciplinary team.

Affiliation with medical center/school.