

TYPE OF PROVIDER:

Prosthetist

CRITERIA:

Certified by American Board for Certification in Orthotics and Prosthetics, Inc.

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

Be an approved provider of the Illinois Department of Healthcare and Family Services.

Be affiliated with a vending facility currently approved under the Facility Accreditation Program administered by the American Board for Certification in Orthotics and Prosthetics, Inc.

ADDITIONAL REQUIREMENTS:

Provide evidence of medical malpractice insurance by insurer licensed in the State of Illinois. Such professional liability insurance shall be in minimum amount of \$1,000,000 per claim and \$3,000,000 aggregate or meet the limits of liability set by law in any state other than Illinois.

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.

Working relationship/affiliation with rehabilitation/amputee center.