Maryland State Department of Education

Division of Rehabilitation Services

Fee Exception/Approval Request

To: ☐ OFS Director ☐ OBVS Director **Date:** _____

From: _____, Rehabilitation Counselor

Consumer Name: _____ **Participant ID:** _____

CPT Code	Service	Current Fee
		$
		$
		$
		$

Status:

Basis for Request:

☐ The recipient is at extreme medical risk and an increased fee is required.
☐ The fee is not included in the DORS Fee Schedule.
☐ Other: _____

Request and Rationale:

Counselor Instructions:

- Submit requests to the OFS Director or OBVS Director via supervisory channels.
- Attach supporting documentation in AWARE™, as appropriate.

Office Director Instructions:

Indicate Office Director's approval/disapproval, rationale, and date in an AWARE™ Case Note.