



FINANCIAL RESOURCES FOR EARLY INTERVENTION

Child's Name: _____

Dear Parent: In Idaho, early intervention services are provided at no cost to families. The Infant Toddler Program relies on three major funding sources: private insurance, public benefits (ex: Medicaid), and Infant Toddler Program funds. One or more of these will be used to pay for your child's services. Whenever possible the Infant Toddler Program requests reimbursement through private insurance and/or Medicaid. The Program requests your permission to seek reimbursement through any insurance you may have. Please complete this form in the way that best fits your family's situation.

Important Notes:

- The Infant Toddler Program cannot require your permission for the use of private insurance or public benefits as a condition of receiving services.
- Your child will receive services listed on his or her IFSP regardless of whether you've provided permission to bill private insurance or public benefits.
- Upon your consent to bill insurance, the Infant Toddler Program will provide you with a copy of the System of Payment policy.
- You have the right to withdraw your consent to share personally identifiable information.
- You will not encounter any cost when the Infant Toddler Program uses your public insurance or public benefits to pay for services.
- Your consent is required when there is an increase in the frequency, length, duration, or intensity in your child's services. In this instance, the Infant Toddler Program will provide you with a copy of the System of Payment policy.
- IDEA Part C funds can be used only after available third-party payments (Medicaid or insurance) have been applied.
- If your child has both Medicaid and insurance coverage, Medicaid is required to seek reimbursement from your private insurance company for any claims paid by Medicaid. Because of this, we are unable to bill Medicaid without also having permission to bill your insurance company

Do You Have Private Insurance? (Does not include Medicaid) Yes No
(If no, skip to the Medicaid Information section below)

1) The Infant Toddler Program may share information with and bill my insurance company. **I give consent** to the Infant Toddler Program to disclose information relevant to insurance payment in order to pursue reimbursement from my insurance(s). Documents to be disclosed for up to 12 months from date of signature may include the following: diagnostic information, evaluation reports, medical social history, Individualized Family Service Plan, and continuing service reports.
 NOTE: I understand that if I provide consent for the Infant Toddler Program to bill my insurance any deductible or co-payment specifically for early intervention services will be paid for by the Program.

My deductible is \$ _____

My co-payment is \$ _____

2) The Infant Toddler Program may not share information with, or bill my insurance company for the early intervention services received by my child.

Primary Insurance

Name of Policy Holder:	DOB of Policy Holder:
Name of Insurance Company:	Phone of Insurance Co.:
Mailing Address (City, State & Zip):	
Group/Policy Number:	ID Number:

Secondary Insurance

Name of Policy Holder:	DOB of Policy Holder:
Name of Insurance Company:	Phone of Insurance Co.:
Mailing Address (City, State & Zip):	
Group/Policy Number:	ID Number:

Medicaid Information

Medicaid #:	Healthy Connections? Yes No
Name of Healthy Connections Physician:	

By signing below, I verify I have reviewed this form and understand my financial options as outlined above. I give consent for the Infant Toddler Program to disclose information relevant to insurance and/or Medicaid payment in order to pursue reimbursement by my insurance or CHAMPUS in accordance with my decision above.

Signature of Parent _____

Date _____