

**CONSENT TO USE
 INSURANCE RESOURCES**
EXAMPLE

SECTION 1: CHILD AND PARENT INFORMATION

Child's Name: Jason Richards	Date of Birth: 07/06/2018	BRIDGES ID #: 335588
Parent's Name: Sarah Richards	Date Completed: 7/22/20	Review Date: 7/21/21 or with change or review of IFSP if sooner

SECTION 2: MEDICAID COVERAGE:

YES IF YES, COMPLETE SECTION 2 **NO IF NO, PROCEED TO SECTION 3**

The Individuals with Disabilities Education Act (IDEA) requires that Medicaid be billed for services on your Individualized Family Service Plan if your child is eligible both for IDEA/Part C and Medicaid benefits. You are not required to apply for Medicaid benefits as a condition of IDEA/Part C eligibility.

Child's Medicaid Number:
700011000

Name of Medicaid Managed Care Organization (MCO) (if applicable):
Absolute Total Care

Sarah Richards
Signature of Parent

July 22, 2020
Date

SECTION 3: PRIVATE HEALTH INSURANCE COVERAGE:

YES IF YES, COMPLETE SECTION 3 AND 4 **NO IF NO, PROCEED TO SECTION 5**

NOTE: If you have private insurance **and** Medicaid, you **must** give consent to bill your private insurance for services on your Individualized Family Service Plan, and initial 'Yes' to all acknowledgements and consents below.

Parent Initials		Acknowledgements and Consents
Yes	No	
SR		I have received a copy of the Written Notice Related to Private Insurance/Medicaid and System of Payment Policies, as well as the Parent Notice of Family Rights and Safeguards.
SR		I give permission for Early Intervention Service (EIS) Providers to bill the insurance company(ies) listed below for services on my child's Individualized Family Service Plan (IFSP), and to exchange information (e.g. diagnosis, service dates, types of service, etc.) necessary to secure payment for these services. I understand that IDEA/Part C will cover most co-payments, financial responsibility associated with any deductibles, and other co-insurance associated with the services on my child's IFSP but does not assume responsibility for payment of my health insurance premiums. I understand that this consent applies to all services on my IFSP unless otherwise noted.
SR		I understand that if an insurance payment is made directly to me for IDEA/Part C services, I am responsible for immediately sending such payments to the EIS provider who delivered the service.
SR		I will immediately notify my Service Coordinator of any changes to my child's health insurance or Medicaid coverage.
SR		I understand that my Service Coordinator is responsible for making sure the EIS providers on my IFSP receive a copy of this form and will update the data system to notify EIS providers of any changes to my child's health insurance/Medicaid coverage.

Sarah Richards
Signature of Parent

July 22, 2020
Date

SECTION 4: PRIVATE INSURANCE INFORMATION AND CONSENT EXCEPTIONS

PRIMARY INSURANCE		SECONDARY INSURANCE	
Policy Holder Name: Sarah Richards		Policy Holder Name:	
Relationship to Child: Parent		Relationship to Child:	
Policy Holder's Address: 532 Bays View Rd, Pacelot, SC 29372		Policy Holder's Address:	
Insurance Company: BlueChoice HealthPlan of SC		Insurance Company:	
Phone Number: 1-800-102-2583		Phone Number:	
Claim Address: Claims Dept, PO Box 6170 Columbia, SC 29260		Claim Address:	
Member Number: SPU8ATRUW2ZU	Plan Name: BlueChoiceSC	Member Number:	Plan Name:
Group Number: N/A	Effective Date: 01/01/2019	Group Number:	Effective Date:
Employer: Carolina Cotton Works		Employer:	
Address: 14 Commerce Dr Gaffney SC 29340		Address:	

PRIVATE INSURANCE ONLY: If there are any services you do not want billed to your private insurance, please list the service(s) and initial below.

IDEA/PART C SERVICES ON MY IFSP	PARENT INITIALS
<i>NA</i>	<i>SR</i>

SECTION 5: NO INSURANCE COVERAGE:

My child is not covered by private health insurance or Medicaid at this time and I agree to inform my Service Coordinator of any changes to my child's health insurance or Medicaid coverage as they occur.

<i>Signature of Parent</i>	<i>Date</i>
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SECTION 6: SERVICE COORDINATOR SIGNATURE AND AGENCY:

<i>Mary Beth Lacey</i> <i>Signature of Service Coordinator</i>	<i>07/22/2020</i> <i>Date</i>
<i>Happy Babies, LLC</i> <i>Service Coordination Agency</i>	