



PRIVATE HEALTH INSURANCE AUTHORIZATION FORM
FOR PART C SERVICES

CHILD'S INFORMATION

CHILD'S NAME: _____ BIRTHDATE _____

PRIVATE HEALTH INSURANCE POLICY NUMBER: _____

PARENT'S NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHYSICIAN'S NAME: _____

ADDRESS: _____ PHONE: _____

CITY, STATE, ZIP: _____

(Please initial one)

_____ **I give my consent.** I give my consent for Birth to Three providers to submit claims to my private health insurance for covered services. I authorize my private health insurance to make these payments to the Birth to Three provider. I authorize the release of any information from the Birth to Three provider to my private health insurance as necessary to request payment of benefits. I understand these costs may increase my premiums and count against the lifetime cap of my private health insurance. I understand that I may revoke this permission at any time by notifying my Birth to Three Service Coordinator.

_____ **I do not give my consent.**

I understand that all services will be provided to my child, without delay, without regard to public (Medicaid) or private health insurance coverage status during the time frame of the IFSP. If the level of services increases during the duration of the IFSP, a new consent authorization form must be signed. Services to be provided are documented in the child's IFSP. Additional information regarding no-cost protections for families participating in the Birth to Three program can be found on the back of this document.

Signature of Parent or Guardian

Date

Birth to Three No-cost Protections for Families

The Birth to Three program is required by the Individuals with Disabilities Education Act (IDEA) to inform parents of the following no-cost protections regarding payment for early intervention services:

- Parents must provide prior consent to the Birth to Three program or the early intervention service provider before early intervention services can be billed to the parent's private or public insurance (Medicaid).
- Parents cannot be required to enroll in a public insurance or benefits program to receive early intervention services from the Birth to Three program.
- Early intervention services, as specified in the child's Individualized Family Service Plan (IFSP) and to which the parent has consented, cannot be denied due to a parent's refusal to allow either their private or public insurance to be billed for such services.
- Parents must provide prior consent to the Birth to Three program or the early intervention service provider before a child's personally identifiable information (name, date of birth, policy number, and address) can be submitted for billing purposes.
- Parents have the right to withdraw their consent to disclose their child's personally identifiable information at any time without affecting the Birth to Three early intervention services their child is receiving as specified in their child's IFSP.
- Parents must be informed that billing their private insurance may affect the premiums and the lifetime cap of their policy. Co-pays and deductibles are reimbursable by the Birth to Three program up to the cost of the early intervention service. There is no lifetime cap or co-payments associated with billing their public insurance (Medicaid).