

**CONSENT TO USE  
 INSURANCE RESOURCES**

<b>SECTION 1: CHILD AND PARENT INFORMATION</b>		
Child's Name:	Date of Birth:	BRIDGES ID #:
Parent's Name:	Date Completed:	
<b>SECTION 2: DOES YOUR CHILD HAVE MEDICAID:</b> <b>Yes</b> If yes, complete Section 2 <b>No</b> If no, go to Section 3		
The Individuals with Disabilities Education Act (IDEA) requires Medicaid be billed for services on your Individualized Family Service Plan (IFSP) if your child is eligible both for IDEA/Part C and Medicaid benefits. You do not have to apply for Medicaid to be eligible for IDEA/Part C.		
Child's Medicaid Number:	Name of Medicaid Managed Care Organization (MCO):	
<i>Signature of Parent</i>	<i>Date</i>	
<b>SECTION 3: DOES YOUR CHILD HAVE PRIVATE HEALTH INSURANCE:</b> <b>Yes</b> If yes, complete Sections 3 and 4 <b>No</b> If no, complete section 3b and 5		
<b>(3a) Parents must initial below. This gives their consent to allow BabyNet Early Intervention (EI) service providers to bill private health insurance. (Initial beside the "Yes" option OR beside the "No" option.)</b>		
	<b>Yes.</b> I give permission for Early Intervention (EI) service providers to bill the insurance company(ies) listed below for services on my child's IFSP. I also agree to let them exchange information needed to get payment for these services. This information may include diagnosis, service type and dates, etc. I understand this consent applies to all services on my IFSP. Whether or not I give consent, I understand I will not be charged any out-of-pocket costs for IDEA/Part C services authorized on the IFSP. By giving permission to use my private health insurance, I understand IDEA/Part C will cover related deductibles, co-payments and/or co-insurances. Consent is voluntary and may be revoked at any time.	
	<b>No.</b> I do NOT approve EI service providers to bill my private health insurance.	
<b>(3b) Parents must initial below. This gives acknowledgement of the statements below.</b>		
	I will inform my service coordinator right away of any changes to my child's health insurance or Medicaid coverage.	
	I know my service coordinator must make sure the EI service providers on my IFSP get a copy of this form. They will also update the data system to reflect any changes to my child's health insurance/Medicaid coverage.	
	An insurance payment may be made directly to me for IDEA/Part C services. If so, I know I must send such payments to the EI service provider who delivered the service right away.	
	I have received a copy of the Written Notice Related to Private Insurance/Medicaid and System of Payment Policies. I have received the Parent Notice of Family Rights and Safeguards too.	
<i>Signature of Parent</i>	<i>Date</i>	

**SECTION 4: PRIVATE INSURANCE INFORMATION**

PRIMARY INSURANCE		SECONDARY INSURANCE	
Policy Holder Name:		Policy Holder Name:	
Relationship to Child:		Relationship to Child:	
Policy Holder's Address:		Policy Holder's Address:	
Insurance Company:		Insurance Company:	
Phone Number:		Phone Number:	
Claim Address:		Claim Address:	
Member/Policy Number:		Member/Policy Number:	
Group Number:	Effective Date:	Group Number:	Effective Date:
Employer:		Employer:	
Address:		Address:	

**SECTION 5: NO INSURANCE COVERAGE:**

**My child does not have private health insurance or Medicaid at this time. I agree to inform my Service Coordinator of any changes to my child's health insurance or Medicaid as soon they occur.**

<i>Signature of Parent</i>	<i>Date</i>

**SECTION 6: SERVICE COORDINATOR SIGNATURE AND AGENCY:**

<i>Signature of Intake Coordinator/Service Coordinator</i>	<i>Date</i>

Intake Coordinator Office or Service Coordination Agency