

**Parent / Guardian Notification to Share Information for Purpose of Billing Public Insurance and
Notification to Bill Public Insurance**

Dear Parent,

Local Education Agencies (LEAs), such as school districts, are eligible to receive federal Medicaid reimbursement for medically necessary services provided to their special education students when the services meet the requirements of the state’s Medicaid program and are provided in accordance with the students’ IEP.

The Individuals with Disabilities Education Improvement Act of 2004 (IDEA) and the Family Educational Rights and Privacy ACT (FERPA) require schools to obtain parental consent to share students’ education and health-related records such as IEP and Evaluation information and to bill these services to Medicaid. We are requesting your permission to share this information in order to submit a claim. **This form is not requesting consent or refusal to consent to special education services, and will have no effect on the services provided by the LEA to your child.**

- **Your consent is voluntary. No matter whether you grant consent or refuse to consent or revoke your consent, your child will still be provided with an evaluation and/or the services on his/her IEP, and you will not have to pay for those services.**
- **When you give permission to bill Medicaid, you may revoke it in writing anytime after it is given. Your revocation of consent to bill Medicaid will not negate (undo) an action that has occurred after consent was given and before the consent was revoked.**
- **Whether you consent or refuse to grant consent to bill Medicaid, you will not have to pay for the evaluation and/or services on the IEP.**
- **Upon request, you or your child may receive copier of your child’s records that are disclosed as a result of this authorization.**
- **If your child is not insured through one of the Ohio Medicaid Programs such as Healthy Start and Healthy Families, Women, Infants and Children (WIC), Child and Family Health Services (CFHS), or Bureau for Children with Medical Handicaps (BCMh), then your child’s services would never be billed to Medicaid.**

If you consent to the sharing of this information and the billing of services to Medicaid, there is no action required on your part. If you do not want this information shared and billed to Medicaid please respond in writing to our Medicaid billing agent, Healthcare Billing Services, Inc. at 2652 Kull Road, Lancaster, Ohio 43130. If you have any questions, please call, Healthcare Billing Services, Inc. at 740-653-6711 between the hours of 9 a.m. – 5 p.m., Monday through Friday. HBS will be more than happy to assist you and answer any questions you may have.

Name of School

Date of Birth

Student’s Full Name

Signature

Date