

PURPOSE: This form is to obtain parent consent to bill the Department of Social and Health Services, Health and Recovery Services Administration. The district is required to obtain parent consent each time they bill for a new procedure. Billing DSHS does not affect individual benefits under Medicaid or require a co-pay or deductible. If parents have questions regarding this request, they may call the school district's director of special education for an explanation as to why the request is being made.

CONSENT TO BILL FOR SCHOOL-BASED MEDICAID REIMBURSEMENT

Student Jason Patterson Student # 49 Grade 1 Age 6 y 9 m Date 11/14/2008

A school district is required to obtain your consent when it bills Medicaid for reimbursable school based services.

I authorize Valley School District to share necessary identifying information from my child's education record to access federal Medicaid reimbursement from the Department of Social and Health Services (DSHS).

I understand that if any additional Medicaid reimbursable services are added to the IEP, the school district will request additional consent.

I understand that this consent is good for 365 days. If my child no longer is served by this school district, this consent does not transfer to a new district. I also understand that I can revoke my consent at any time.

By giving consent, you are acknowledging that (1) you have been fully informed of all information relevant to the activity for which consent is sought; (2) you understand that the granting of consent is voluntary on your part and may be revoked at any time; and (3) if you revoke consent, the revocation is not retroactive; which means that it does not undo any activity that has already taken place.

- I give my continuing permission to the Valley School District to submit health claims to DSHS for a period of 365 days from the date of this signature. I understand that if the District needs to bill for a new procedure, it will seek my consent for that procedure.
- I do not give consent to verify Medicaid eligibility with DSHS. I understand that my refusal to allow the district to submit billing for Medicaid does not allow the District to make a claim for reimbursement for services that might otherwise be covered by DSHS. I also understand that my refusal does not affect my child's access to services under the Individualized Education Program.

Parent/guardian signature

Date

Jason Patterson
Student name

2/6/2002
Date of birth