

**Notification to the Department of Medical Assistance Services:
Family Declining to Bill Private Insurance**

The parent(s) of _____ (*child's name*) has declined access to their private health/medical insurance for covered early intervention services because they believe use of their insurance will result in a financial loss such as a decrease in available lifetime coverage, escalation of premium, or discontinuation of the policy.

Name of Local Part C System Representative

Signature of Local Part C System Representative

Date

Instructions for Completing the Form:

(This information will be included in the Part C Practice Manual)

The *Notification to the Department of Medical Assistance Services: Family Declining to Bill Private Insurance* is to be completed only for families:

- Whose children are dually insured by Medicaid and private health insurance; **and**
- Who indicate on the *Family Cost Share Agreement* form that they are declining access to their private health/medical insurance because they believe use of their insurance will result in a financial loss such as a decrease in available lifetime coverage, escalation of premium, or discontinuation of the policy.

When these criteria are met, the *Notification to the Department of Medical Assistance Services: Family Declining to Bill Private Insurance* is completed by the same individual who worked with the family to complete the *Family Cost Share Agreement* form.

The completed *Notification to the Department of Medical Assistance Services: Family Declining to Bill Private Insurance* is then sent to all service providers who will be billing Medicaid for early intervention services specified on the child's IFSP.

The provider must check yes in box 11 D on the CMS 1500 form and attach the *Notification to the Department of Medical Assistance Services: Family Declining to Bill Private Insurance* to the Medicaid claim form in order for Medicaid to reimburse for the service.