Suffolk County Department of Health
Office of Children with Special Needs
Preschool Special Education Program

Medicaid Consent Form

Dear Parent/Guardian of: _____ Child's SS# / CIN# _____
This is to ask your permission (consent) to bill your or your child's Medicaid Insurance Program for special education and related services that are on your child's Individualized Education Program ("IEP"). This consent allows the School District/Suffolk County to bill for covered health-related services and to release information to the School District's Medicaid billing agent for that purpose.

I have received with this Medicaid Consent Form separate written notification from the School District or IEP service provider that explains in detail my federal rights regarding the use of public benefits or insurance to pay for certain special education and related services.

I understand and agree that the School District/Suffolk County may access Medicaid to pay for special education and related services provided to my child.

I understand that providing consent will not impact my or my child's Medicaid coverage. Upon request, I may review copies of records disclosed pursuant to this authorization. Services listed in my child's IEP must be provided at no cost to me whether or not I give consent to bill Medicaid. I have the right to withdraw consent at any time and the School District must give me annual written notification of my rights regarding this consent.

I also give my consent for the School District or Suffolk County or IEP service provider to release the following records and information about my child to the State's Medicaid Agency for the purpose of billing for special education and related services that are in my child's IEP:

-- **Records and service information that likely will be shared** --	
Prescriptions	Service Provider Attendance
Referrals	"Under the Direction of" Certification
Treatment Logs	"Under the Supervision of" Certification
Individualized Education Program - IEP	"Under the Direction of" Logs
Calendar and Attendance Records	"Under the Supervision of" Logs
Bus Logs	Other unnamed documents needed to support Medicaid claims

I give my consent voluntarily and understand that I may withdraw my consent at any time. I also understand that my child's right to receive special education and related services is in no way dependent on my granting consent and that, regardless of my decision to provide this consent, all the required services in my child's IEP will be provided to my child at no cost to me.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____