



Onondaga County Health Department

Healthy Families-Special Children Services

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Joanne M. Mahoney, County Executive · Indu Gupta, MD, MPH, Commissioner of Health

CONSENT TO USE A PARENT OR STUDENT'S MEDICAID INSURANCE TO PAY FOR CERTAIN SPECIAL EDUCATION SERVICES IN A STUDENT'S INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Dear Parent or Guardian:

This is to ask your permission to bill your or your child's Medicaid Insurance Program for special education services that are on your child's individualized education program (IEP). This consent allows the Onondaga County Health Department (OCHD) to bill for covered health-related services and to release information to the county's Medicaid Billing Agent for that purpose.

I, _____, **as the parent/guardian of**
(please print)

_____, **date of birth** ____/____/____,
(print child's name)

Medicaid CIN #

have received a written notification from the OCHD that explains my federal rights regarding the use of public benefits or insurance to pay for certain special education services.

I understand and agree that OCHD may access Medicaid to pay for special education services provided to my child.

- Providing consent will not impact my child's/my 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
- I will receive annual written notification of my rights regarding this consent.

Or Initial here: My child is NOT eligible for Medicaid

I also give my consent for OCHD to release the following records/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. The following records will be shared:

- IEP and written order or referral for services
- dates and notes for services provided

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 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 NAME _____

SIGNATURE _____ **DATE** _____

6/20/17 SS

