

Consent to Bill Parent's Private Insurance for Service

I have been asked to allow my private insurance be billed for special education or related services for my child by a school district belonging to the Lamoille North Supervisory Union. I have verified allowing the school to do this will not result in costs to me or my family. Costs such as a co-pay or postage to submit claims will be paid for by the school.

Permission to bill my private insurance is voluntary. I further understand I can revoke the permission I give the school to bill my private insurance at any time. Refusal for access to my private insurance does not relieve the school of its responsibility to ensure that all required services are provided at no cost to me.

My signature indicates I do give consent to the school to bill my private insurance for the period of one year from the date of my signature:

Signature

Date