



HEALTH/VISION/DENTAL REFERRAL AND AUTHORIZATION FOR SERVICES

Student Last Name	Student First Name	DOB	Contact #
School District: _____ Gr: _____		MSID #: _____	EOE: _____
Service Provider Name: _____		Service Provider Contact #: _____	
Brief description of presenting problem: _____ _____			

I have verified that treatment to address the above problem is not available from any school or community-based services. Yes or No Date _____

Migrant Education Program requires that other resources available to student must be utilized, please indicate the reason of the request for Migrant Education to pay for the services:

Name of staff requesting authorization: _____	Date: _____
Signature of Supervisor: _____	Date: _____
Signature of Business Specialist: _____	Date: _____
Signature of Director: _____	Date: _____

TO THE PROVIDER:

Approval has been given to the above-named student for a **one-time visit** not to exceed \$_____. Services must be provided on or before _____. To ensure prompt payment, please complete the information below, sign and return **this authorization with your billing invoice**.

Cost of Services:	\$	_____
Discount:	\$	_____
Amount Due:	\$	_____
Signature of Provider:		_____

Send form and invoice to:

Migrant Education Program
255 Pico Ave., Suite 120
San Marcos, CA 92069
(760) 307-1399
elizabeth.riggs@sdcoe.net

PO #: _____



Health Referral Process

1. MEPA identifies student with health/dental ailment.
 - a. MEPA checks with school/district nurse or other agency for available resources to treat ailment. (Must be documented, i.e., email)
2. MEPA completes "Health Referral and Authorization Form" in Adobe Sign
3. Completed form will route for signature and approval.
 - a. Manager in charge of health services - Reviews that all available resources were exhausted before using Migrant funds
 - b. Business Specialist - Verifies that the student is a Migrant student and is eligible to receive services (MSIN), checks if budget is available and enters the maximum amount and date of service.
 - c. Director - Reviews services and ensure that the service is reasonable and necessary.
4. Program Secretary enters a requisition for maximum authorized amount and provides a copy of the form to MEPA and notes the PO number on the form
5. MEPA provides form to the parent/guardian or provider
6. MEPA enters the services in MSIN when services are provided. Use the following codes depending on the service provided:
 - Medical**
 - a. Medical Screening - 902
 - b. Medical Treatment - 904
 - Vision**
 - a. Vision Screening - 905
 - b. Vision Treatment - 907
 - Dental**
 - a. Dental Screening - 908
 - b. Dental Treatment - 910
7. Provider submits invoice along with signed original authorization form to MEP office.
 - a. Secretary enters invoice in PeopleSoft.
 - b. Invoice/Authorization form is forwarded to Accounts Payable for processing.