

Richmond City

301 North Ninth Street Richmond, VA 23219

Parental Consent to Bill Public Insurance

Student Name _____ Date _____

Student ID Number _____ Student STI Number _____

PARENTAL CONSENT FOR BILLING PUBLIC INSURANCE

For Medicaid, Medicaid Expansion or FAMIS (Family Access to Medical Insurance Securities) Insured Only

Consent to Release Information:

I consent for Richmond City (LEA) to release information from my child's education record (such as evaluation reports and IEPs, etc.) about my child's participation in services to participating physicians, other health care providers, the Department of Medical Assistance Services (DMAS), any DMAS billing agents, and any LEA billing agent as necessary, to process claims for reimbursement by DMAS for covered health-related services, evaluations for these services and transportation on the day the student receives any health related service.

Procedural Safeguard:

I understand my right to refuse consent for the school system to access my child's Medicaid or FAMIS coverage to seek reimbursement for the health related services. Any refusal will not affect delivery of these services to my child and delivery of such services will be at no cost. I understand that my permission is voluntary and may be revoked at anytime. I also understand that I have the right to request a copy of the records disclosed.

I give consent for claims to be submitted to the Virginia Department of Medical Assistance Services (DMAS), as described above, for the health related services including duration and frequency and/or evaluations.

I do not give consent for the school system to access my child's Medicaid or FAMIS coverage.

Child's Name _____

Begin Date _____

Parent/Guardian Signature

Date