

Insurance Collection and Consent to Release Information



To support as many families as possible, the Connecticut (CT) Birth to Three System is funded by a combination of state and federal funds, Medicaid, and private health insurance.

Child's Name: _____

Birth to Three #: _____

HUSKY A, C, or No Coverage

HUSKY A or C Number: #

Consent to share information was provided at enrollment to HUSKY and is not needed on this form.

- My child is not covered by HUSKY A or C insurance. I understand that I am not required to sign up for or enroll in public insurance.
- If I choose to enroll in public insurance, I give consent to bill HUSKY A or C for Birth to Three services.

Private Insurance or HUSKY B

I understand:

- I am not required to sign up for or enroll in public or private health insurance to receive services.
 - My plan may be exempt from CT insurance mandates, and The Affordable Care Act may or may not prevent my plan from adversely affecting my protections, such as applying payments against the maximum annual or lifetime limits of the policy.
 - I may have an HRA or HSA that are set up to auto-withdraw an insurance claim. I understand that I may be able to change the auto-withdraw feature by contacting my insurance and/or employer. However, if I consent to authorize to bill private insurance or HUSKY B, those funds may be withdrawn.
 - If private insurance reimbursement is sent to me directly, I must turn over that payment to my Birth to Three program.
 - If my child has public insurance as secondary insurance, I must first provide consent to bill my private insurance to access that payer source.
 - Consent remains in effect while my child is enrolled in the CT Birth to Three System, or I sign to revoke consent.
 - I agree to notify my service coordinator if I secure new insurance.
 - My consent to allow or not allow billing is voluntary and may be revoked in writing at any time. Such revocation is not retroactive (it does not apply to any actions that occurred prior to revoking consent.)
 - My consent must be obtained if there is an increase in the frequency, length, duration, or intensity in the provision of services in my child's IFSP.
 - My child and family will receive an evaluation and, if eligible, an assessment, IFSP, the specified services and supports without delay or denial regardless of whether I provide consent to bill insurance and release information.
- I consent** to bill private insurance or HUSKY B on behalf of my child, who is being evaluated and as a result may be enrolled in the CT Birth to Three System. By doing so I release all medical or other information necessary to process all claims for services and supports listed in Section 6 of the IFSP, including evaluations, assessments, and IFSP meetings. I understand that I will not have to pay for any out-of-pocket expenses including co-pays and deductibles.
- I consent** to authorize the release of medical or other information necessary to process insurance claims on behalf of my child, who is being evaluated and as a result may be enrolled in the CT Birth to Three System.
- I do not consent** to bill my child's private insurance or HUSKY B nor do I authorize the release of medical or other information necessary to process insurance claims on behalf of my child.
- I revoke consent** to authorize the billing and release of medical or other information necessary to process insurance claims on behalf of my child.

Collection

Primary Secondary

Insurance Name: _____

Policy Holder's Name: _____

DOB: _____

Insurance Phone Number: _____

Effective Date: _____

Member Number: _____

Group Number: _____

Acknowledgement and Understanding:

- I have received a copy of Parent Rights with the System of Payment.** This information includes the dispute resolution options I may use if I decide at any time that I disagree with any decisions including billing public or private insurance. These rights have been explained to me in my native language or mode of communication.

Print Name: _____

Signature: _____

Date: _____