

# BIRTH TO THREE INSURANCE PAYMENT RECOVERY



REQUIREMENT FOR PAYMENT TO RECOVER MONEY OWED

**Birth to Three #:** \_\_\_\_\_  
**Insurance Name:** \_\_\_\_\_  
**Policy Number:** \_\_\_\_\_

DATE: \_\_\_\_\_

Dear Parent of \_\_\_\_\_

The Connecticut Office of Early Childhood (“OEC”), together with contracting agencies, maintains a statewide Birth to Three (“B23”) system of early intervention services (“EIS”) for eligible children and their families, including yours. B23 has provided services and support to your child who is experiencing or has a probability of experiencing a significant developmental delay.

Statutes and regulations determine how public and private funding sources may be used to pay for the EIS provided to your child. The OEC ensures that funds made available for EIS are expended appropriately.

**It has come to the attention of the OEC that you have received money in the form of an insurance check related to the Connecticut B23 program. You may not have realized that these funds belong to the B23 program. As a result, the program needs to recover these funds to pay for the EIS that have been provided to your child.**

You completed and signed the Connecticut B23 Insurance Collection and Consent to Release Information form on \_\_\_\_\_ which requires you to turn over to your B23 provider any B23 insurance reimbursement paid to you. A copy of your signed consent is included with this letter.

\_\_\_\_\_ issued you check number \_\_\_\_\_ dated \_\_\_\_\_ to reimburse payment of the EIS provided to your child. We appreciate your cooperation and assistance in this matter and ask that you immediately contact \_\_\_\_\_

and inform \_\_\_\_\_ that you are remitting payment in the amount of \_\_\_\_\_, which is the same amount you received from \_\_\_\_\_. Please remit payment directly to \_\_\_\_\_ no later than 30 days from the date of this letter.

If your payment is not received as requested above, the state may initiate legal action pursuant to Conn. Gen. Stat. Sec. 10-9(a) Misuse of state funds or resources. Civil action by department; 20 U.S.C. 1234a Recovery of Funds; or any other sections as applicable to recover the amount owed.

If you would like to refute the information contained in this letter, have questions, paid out-of-pocket expenses for B23 EIS, or have a high deductible individual or group health insurance policy, please contact your service coordinator at \_\_\_\_\_ as soon as possible. If you attempt to contact your service coordinator and receive no response within five days, please contact the Family Liaison, at [oc.b23family@ct.gov](mailto:oc.b23family@ct.gov) or 1-860-500-4420.

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