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| --- | --- | --- |
| Child’s Name:  First: Middle: Last | | Birth to Three #: |
| Date of Birth: *(please verify)* | Birth to Three Program Name: | Program Phone #: |

*The services provided by Connecticut Birth to Three System to eligible children are paid for by Medicaid, private health insurance, state and federal funds.*

Connecticut laws 38a-516a and 38a-490a require health insurance plans to provide coverage for Birth to Three services. The laws also specify that:

* the CT Birth to Three System will not disclose any personally identifiable information for billing insurance without parental consent,
* the state will not collect co-pays or deductibles required by the insurance company,
* parents are not required to sign up for, or enroll in public or private health insurance in order to receive services,
* parents can withdraw consent to bill insurance at any time,
* enrollment in Birth to Three will not adversely affect the availability of health insurance to the child, child’s parent or child’s family members,
* billing will not result in increased premiums or discontinuation of public or private insurance benefits for the child
* reimbursement from insurance and parent fees will not exceed the state’s cost for services,

**It has been determined that your health insurance plan is one that is exempt from state insurance laws. Therefore, you may choose to authorize the Birth to Three System to file claims with your plan or not to authorize claims**

If you choose to allow the Birth to Three System to bill your health insurance plan, you should also consider the following *(please initial each as reviewed):*

\_\_\_\_\_Your health insurance plan may or may not agree to cover Birth to Three services. This decision will not affect the supports you or your family receive in any way.

\_\_\_\_\_If your health insurance plan provides coverage, the Affordable Care Act may or may not prevent your plan from applying such payments against the maximum annual or lifetime limits of the policy.

\_\_\_\_\_The decision to allow or not allow billing is completely up to you as the named insured AND your decision may be changed at any time and for any reason.

\_\_\_\_\_Your child and family will continue to receive the services and supports specified on your Individualized Family Service Plan (IFSP) regardless of your decision about insurance billing.

Please discuss this decision with your service coordinator, employer, and family as needed to achieve full understanding before making your decision.

**Non-Mandated Billing Authorization (to be completed with Form 1-3)**

I grant permission to the Birth to Three Program listed above to submit information in order to bill my health insurance plan which is exempt from CT insurance mandates. If payment for Birth to Three services is sent to me directly, I must send that payment to my Birth to Three program. This permission remains in effect during the time in which my child is enrolled in the Connecticut Birth to Three System or until I revise this form to revoke permission. I will complete a new Form 1-3 if I secure new insurance.

Print Name Signature Date

**OR**

I do not grant permission or I revoke permission to the Birth to Three Program listed above to submit information for the purpose of billing my health insurance plan which is exempt from CT insurance mandates.

PrintName Signature Date