Form EI-05

Today's date	Child's name	Child's DOB	ETID number

Consent to Use Insurance for Early Intervention Services

Use of Private Insurance

My Service Coordinator has explained the "system of payments" rule and any potential costs that I may incur when using my private insurance to pay for Early Intervention services, such as co-payments, deductibles, premiums or long term costs such as the loss of benefits because of annual or lifetime health insurance coverage caps of the insurance policy. I have received written notification of these potential costs and my rights. I understand that when I consent to the use of my private insurance, the state will pay the co-pays and deductibles for the first 100 units of Early Intervention services in an IFSP year if I am determined able to pay. The state will pay co-pays and deductibles for all units of Early Intervention services if I am determined unable to pay.

I give my consent to bill my private insurance for Early Intervention (EI) services ☐ Yes ☐ No ☐ I do not have private insurance

Primary insurance policy number	Begin date	End date

Health insurance company name	Name of insured

Secondary insurance policy number	Begin date	End date

Health insurance company name	Name of insured

Parent name(s)	Parent signature(s)	Date

Use of Public Insurance

My Service Coordinator has explained the Early Intervention system of payments rule. I have received written notification of my rights and understand that there are no potential costs for using my Medicaid benefits for EI services.

I give my consent to share my child's personally-identifiable information (information used to identify my child) to the Early Intervention service provider on the IFSP and state Medicaid agency for billing purposes

☐ Yes ☐ No ☐ My child does not have Medicaid insurance

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Medicaid recipient/billing number

Parent name(s)	Parent signature(s)	Date

Department of Children & Youth

Help Me Grow Early Intervention