



**MONTANA'S PART C INFORMED CONSENT FOR THE USE OF PRIVATE INSURANCE**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Montana's Part C Written Notification for the Use of Private Insurance and Public Benefits has been provided with this form and explained to me.

Montana's Part C System of Payments Policy has been provided with this form and explained to me.

Montana's Part C Procedural Safeguards have been provided with this form and explained to me.

**Evaluation and Assessment Services**

I give permission to bill private insurance for evaluation and assessment services. I understand that if my child is covered by both Medicaid (public benefit) and private insurance, then my private insurance must be billed.

Yes       No       Not Applicable

**Individualized Family Support Plan (IFSP) Services**

I give permission to bill insurance for services listed on our IFSP. I understand if my child is covered by both Medicaid (public benefit) and private insurance, then my private insurance must be billed.

Yes       No       Not Applicable

Medicaid Number: \_\_\_\_\_ Insurance Company \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_

If insurance is billed, the insurance company may send the Explanation of Benefits and payment to my family rather than directly to the provider. I understand if this happens, and I receive payment, these checks and paperwork **must** be turned over to the local Early Intervention Services provider for payment.

Signature of Parent or Guardian \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_