



CONSENT TO USE PRIVATE INSURANCE

NAME OF CHILD	DATE OF BIRTH	INSURANCE COMPANY NAME	DATE COMPLETED
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INSTRUCTIONS

A copy of the **First Steps System of Payments** policy is provided to the parent before consent is obtained to use private insurance to help pay for First Steps services and before consent is obtained for First Steps services.

With parent consent, private insurance will help pay for the following First Steps services:
assistive technology devices, occupational therapy, physical therapy, and speech/language pathology.

The parent must sign and date this form and return it to the Service Coordinator before private insurance can be used to help pay for First Steps services. The Service Coordinator contact information is included below.

INSURANCE INFORMATION (not required when a copy of the insurance card is obtained)

INSURANCE COMPANY NAME	INSURANCE CARD INDICATES FULLY-INSURED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
GROUP NAME	GROUP NUMBER	POLICY BILLING ORDER <input type="checkbox"/> Primary <input type="checkbox"/> Secondary
POLICYHOLDER'S NAME	POLICY/MEMBER ID	POLICY START DATE

REASON FOR CONSENT

Parent consent is required before First Steps uses your private insurance for each of the following reasons:

- New service authorization Increase in service authorization Change in insurance company or change in carrier election

INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) DIRECT SERVICE AUTHORIZATIONS

Type of Service	Frequency of Service	Start Date	End Date

CONSENT

I certify the above information is accurate as of the signature date. After a review of the **First Steps System of Payments** policy, I choose the following option:

- I give consent to use private insurance (the policyholder's date of birth is: ____/____/____)
 My child does not have private insurance I decline consent to use private insurance

PARENT SIGNATURE	DATE OF PARENT SIGNATURE
PRINTED NAME OF PARENT	

SERVICE COORDINATOR

SERVICE COORDINATOR NAME AND ADDRESS	SERVICE COORDINATOR PHONE NUMBER
SIGNATURE OF AGENCY REPRESENTATIVE	DATE RECEIVED BY AGENCY

A copy of the First Steps System of Payments policy is enclosed with this form.

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