



CONFIDENTIAL

Fairfax County Public Schools
Individualized Education Program

DRAFT UNTIL IEP
IS SIGNED

Parent Consent for Billing Medicaid or FAMIS for Covered Services

Student Name: _____ Student ID#: _____

Date of Birth: _____ IEP Parent Consent Date: _____ IEP Date: _____

If your child is now or later becomes eligible for Medicaid or Family Access to Medical Insurance Security (FAMIS) and he or she receives covered services written in an individualized education program (IEP), the federal government can help the school division pay for these covered services. Parental consent is necessary before the school can seek reimbursement from Medicaid or FAMIS. Private insurance will not be billed and your Medicaid/FAMIS benefits will not be affected. Your consent is entirely voluntary. If you do not give consent, it will not affect the delivery of your child's services.

Procedural Safeguard: I understand my right to deny consent for Fairfax County Public Schools (FCPS) to release information regarding my child's IEP services for the purpose of seeking reimbursement through Medicaid or FAMIS. I understand that if I choose not to provide consent that this decision will not affect the delivery of these services to my child. I understand that my permission is voluntary and may be revoked at any time. I also understand that I have the right to request a copy of the records disclosed. If you have questions or concerns, please contact the FCPS Medicaid Project Manager at 571-423-4065.

Service	Service Date (from and to)	Frequency
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I CONSENT for FCPS to release information about my child's participation in services to participating physicians, other health care providers, the Department of Medical Assistance Services (DMAS), any DMAS billing agents, and any FCPS billing agents in order to process claims for reimbursement of Medicaid/FAMIS covered services outlined in the IEP.

Parent Signature (or student age 18 or older) Date

I DO NOT CONSENT for FCPS to release information about my child's participation in services in order for FCPS to receive reimbursement for Medicaid or FAMIS covered services outlined in the IEP.

Parent Signature (or student age 18 or older) Date

Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or of the eligible student.