MONTANA MILESTONES PART C INFORMED CONSENT FOR THE USE OF PRIVATE INSURANCE

Child's Name: _____Date of Birth: _____
Initial:
_____**Montana Milestones Part C Written Notification for the Use of Private Insurance and Public Benefits has been provided with this form and explained to me.**

_____**Montana Milestones Part C System of Payments Policy has been provided with this form and explained to me.**

_____**Montana Milestones Dispute Resolution Handbook with Procedural Safeguards has been provided with this form and explained to me.**

Individualized Family Support Plan (IFSP) Early Intervention Services

I provide consent to bill insurance for early intervention 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 first.
Initial:
_____ Yes _____No

Medicaid ID: _____ Insurance Company _____

Policy Holder Name: _____

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 local Part C Program provider. I understand if this happens, and I receive payment, these checks and paperwork must be turned over to the local Part C Program provider for payment.

Signature of Parent or Guardian_____ Date _____

Printed Name _____

Signature of Witness _____ Date _____

Printed Name _____