



FIRST CONNECTIONS PRIVATE INSURANCE AUTHORIZATION

CHILD NAME'S: _____ BIRTHDATE _____
 CHILD'S INSURANCE #: _____ CHILD'S MEDICAID # _____
 PARENT(S)/GUARDIAN: _____
 ADDRESS: _____ CITY, ZIP: _____
 PHYSICIAN'S NAME: _____ PHONE #: _____
 PROVIDER'S NAME: _____ PHONE #: _____

PRIMARY INSURANCE CARRIER*

Policy Holder's Name:	DOB:	Relationship to Child:	Co-pay _____ Deductible _____
Mailing Address:			
Insurance Company Name:	Claim Address:		
Phone #: ()			
Member Number:	Plan Name:		
Group Number:	Effective Date:		
Employer:	Employer's Address:		

Authorization (please read and initial one selection only)

I understand that early intervention services will be provided to my child, without delay, without regard to private health insurance coverage status during the time frame of the IFSP. If the level/intensity of services increases during the duration of the IFSP, a new consent authorization form must be signed. Services to be provided are documented in the child's IFSP. Day Habilitation is not Early Intervention services and is not covered under this agreement. Additional information regarding No-cost Protections for families participating in the First Connections program can be found on the back of this document.

I give my consent. I hereby give my consent for First Connections providers to submit claims to my private health insurance for covered services. I authorize my private health insurance to make these payments to the First Connections provider. I authorize the release of any information from the First Connections provider to my private health insurance as necessary to request payment of benefits. I understand these costs may increase my premiums and may count against the lifetime cap of my private health insurance. I understand that I may revoke this permission at any time by notifying my First Connections Service Coordinator

I do not give my consent.

I certify that the information provided on this form is correct and agree that I will notify my First Connections Service Coordinator of any changes in this information.

Signature of Parent or Guardian

Date

First Connections

No-cost Protections for Families

Arkansas First Connections has established policies to ensure that appropriate early intervention services will be provided to each eligible infant or toddler and their family at no cost. Since appropriate services will be provided to an eligible infant or toddler and to his/her family at no cost to the parents, First Connections does not make use of sliding fee scales or determinations of ability/inability to pay. Therefore, there shall not be an instance where an eligible infant/toddler's parent will either be denied a service or service delayed based on a lack of consent or an inability to pay. Under no circumstance will a fee be imposed for non-disclosure of financial information or a parent be charged disproportionately more than parents who do not have private insurance.

Private insurance with parental consent is utilized for eligible infants/toddlers prior to the utilization of First Connections (Part C) funds. Part C funds are used when there are no other available Federal, State, local or private resources. Pursuant to §303.510, the services, co-pays and deductibles for early intervention services listed on the IFSP which are not paid for by private insurance, or other funding may be requested from First Connections.

The First Connections program is required by Part C of the Individuals with Disabilities Education Act (IDEA) to inform parents of the following no-cost protections regarding payment for early intervention services:

- Parents must provide prior consent to the First Connections program or the early intervention service provider before early intervention services can be billed to the parent's private insurance. **Day Habilitation is not an Early Intervention Service and is not covered under this agreement.**
- Parents cannot be required to enroll in insurance to receive early intervention services.
- Early intervention services, as specified in the child's Individualized Family Service Plan (IFSP) and to which the parent has consented, cannot be denied due to a parent's refusal to allow their private insurance to be billed for such services.
- Parents must provide prior consent to the First Connections program or the early intervention service provider before a child's personally identifiable information (name, date of birth, policy number, and address) can be submitted for billing purposes.
- Parents have the right to withdraw their consent to disclose their child's personally identifiable information at any time without affecting the First Connections early intervention services their child is receiving as specified in their child's IFSP.
- Parents must be informed that billing their private insurance may affect the premiums and the lifetime cap of their policy.