



CONSENT FOR USE OF PUBLIC INSURANCE

El Program, _____ is requesting permission to bill ALLKids for early intervention evaluations and services for your child, _____. Your consent is required.

I give permission for my child's early intervention evaluations and services to be billed to ALLKids. I give permission to this EI program to release and/or receive information from ALLKids. I know this information will be private and will be used to provide early intervention services. I have been fully informed of all information relevant to the use of ALLKids and I understand and agree in writing to the release of any and all early intervention records including: _____.

I also know my permission is voluntary and at any time can be withdrawn. I understand that any co-payment or deductible will be the responsibility of the early intervention program as long as the service is provided under early intervention. Services that I obtain that are not part of my child's IFSP will be my responsibility, i.e., to pay for co-payments and deductibles, as are my insurance premiums.

Parent's signature: _____

Date: _____

I do not give permission for my child's early intervention evaluations and services to be billed to ALLKids.

Parent's signature: _____

Date: _____