

## Required Elements for the Consent to Bill and Release Information

### Instructions

Left Column: Required elements for the Consent to Bill and Release Information form are listed in the left column of this chart. Each required element must be printed on the Consent to Bill and Release Information form as written, and in the order presented.

Right Column: Instructions for completing the elements and technical assistance for the consent are in the right column.

Required Element	Instructions for Completing the Elements
<u>Child Information:</u> Child's name, child's date of birth, and ID	Complete all information; client ID may be used for local or TKIDS case ID.
I have been given a copy of the "Paying for Early Childhood Intervention Services" booklet.	The form was developed to work in tandem with the "Paying for Early Childhood Intervention Services" booklet. Use of the booklet is necessary to comply with federal regulation 34 CFR §303.521.
<u>Third Party Payor Information:</u> Insurance company or managed care company name, telephone number for providers, policy holder's name, policy/member #, group #, effective date, Child's Medicaid/CHIP #, Medicaid/CHIP member ID #, payor mailing address, city, state, zip code.	Complete all information as applicable for the primary payor.
<u>Third Party Payor Information:</u> Insurance company or managed care company name, telephone number for providers, policy holder's name, policy/member #, group #, effective date, Child's Medicaid/CHIP #, Medicaid/CHIP member ID #, payor mailing address, city, state, zip code.	Complete all information as applicable for the secondary payor.
I give consent for the ECI program to bill these insurers. I further consent for the ECI program to release personally identifiable information to these insurers for billing purposes. I understand that my consent is voluntary and that I may revoke my consent in writing at any time.	Ask the parent to select between this statement or the following statement.
I do not give consent for the ECI program to disclose information for billing purposes or to submit claims to my insurance company or managed care company.	Ask the parent to select between this statement or the previous statement.
<u>Parent signature:</u> Parent's signature, parent's printed name, date.	Ask the parent to sign and print their name and indicate the date they are completing the form.
A signed copy, duplicate, or second original must be given to the parent.	

File the original signed form in the child's financial record. Financial records related to income and deductions are kept separate from the child's other educational records. This form is not forwarded to a school district or other non-ECI service provider at any time unless requested by the family. This information is transferred to another Texas ECI program when the child is to receive services from another ECI program. Unless a longer period is required by state or federal law, child records are retained for five years after the child has been dismissed from services.