



Notification to the
Department of Medical Assistance Services:
Family Declining to Bill Private Insurance

The parent(s) of _____ (child's name) has declined access to their private health/medical insurance for covered early intervention services because they believe use of their insurance will result in a financial loss such as a decrease in available lifetime coverage, escalation of premium, or discontinuation of the policy.

Name of Local Part C System Representative

Signature of Local Part C System Representative

Date