

INSTRUCTIONS
BN004
Insurance/Resources Consent to Bill

A. Purpose

The purpose of this form is to obtain parent/guardian consent to utilize private insurance for payment of BabyNet services, to identify when Medicaid is a resource, and to obtain insurance or Medicaid information changes.

B. USES

This form is to be used by the intake service coordinator (or designee) during the intake process. The information on this form must be reviewed annually. A new form must be completed whenever there is a change in insurance or Medicaid coverage.

C. Instructions

1. Enter child's name and date of birth.
2. Check box by 'Initial Completion Date' or 'Review Date' and enter applicable date.
3. Consent to bill insurance plan (s):
In order for the BabyNet system providers to bill insurance, the parent must provide consent to do so. Parents should be encouraged to consent to insurance billing in order to maximize use of BabyNet resources.
Ensure that parent understands that should a payment be made directly to the parent for a BabyNet service, the parent is responsible for sending the payment to the BabyNet provider who delivered the service.
Ensure that the parent understands that the BabyNet Service Coordinator must be notified immediately of any changes to the child's insurance or Medicaid coverage, including denial information.
The parent/guardian must sign and date the form.
4. Primary Insurance:
Enter the name and address of the primary insurance policy holder, and their relationship to the child.
Enter the name, phone number and claims address for the insurance company.
Enter the member number, plan name, group number and effective date of coverage.
When applicable, enter the name of the policy holder's employee and address.
Policy holder must sign and date.
5. Secondary Insurance:
When secondary insurance is applicable, enter the same information as entered under number 4, Primary Insurance.
6. Medicaid:
Ensure that the parent is aware that federal law requires that Medicaid be used as a funding source for children eligible for Medicaid.
Enter the Child's Medicaid Number.
Check the applicable Medicaid type and enter the Medicaid eligibility plan date.
When a child does not have Medicaid, but the application is in process, check the applicable type and enter the date of the application.
Enter the Medicaid plan name, address, and phone number.
Parent must sign and date
7. When the child is not covered by private health insurance or Medicaid, parent must verify by signature and date.
8. Service Coordinator completing the form must sign and date the form and enter the name of the agency/program they are representing.