



Horry County Schools
Notification of Use of Public Benefits
(Medicaid) or Private Insurance to Pay for
Services Under the IDEA

335 Four Mile Road
Conway, SC 29526
(843) 488-6700

Daisy D Sample
Legal Name of Student

10/01/2000
DOB

X200002
Local ID

SUNS

This notification is to inform you of the intent of the Horry County Schools and the South Carolina Department of Education (SCDE) to bill Medicaid and/or third-party insurance and receive payment from Medicaid and/or any third-party insurer for services, as permitted under the Individuals with Disabilities Education Act (IDEA), and as set forth in your child’s individualized education program (IEP). The District and the SCDE may bill Medicaid or a third-party insurer for diagnostic and psychological evaluation services, behavioral health services, nursing services, and other health-related screenings and treatment services billable to Medicaid or a third-party insurer with or without the requirement of an IEP. The District must provide this notice to you prior to requesting your consent to bill Medicaid and/or any third-party insurer once a year for services that the District will provide in the future.

This document also serves as notice that the District and the SCDE will release and exchange medical, psychological, and other personally-identifiable confidential information, as necessary, to the South Carolina Department of Health and Human Services and any applicable third-party insurer regarding services provided to your child.

Medicaid and third-party insurance reimbursement for billable services provided by the District will not affect any other Medicaid services or insurance benefits for which your child is eligible. The District cannot bill Medicaid or your child’s insurance program if it will decrease available lifetime coverage or any other insurance benefit, result in the family paying for services that would otherwise be covered, increase your insurance premiums, or risk loss of eligibility for waived programs. You are not responsible for paying any outstanding deductibles, co-payments, or co-insurance related to the District billing Medicaid or your child’s insurance program for services provided by the District. Your child will receive the services listed in the IEP regardless of whether your child is covered by public or private insurance programs and regardless of whether you provide consent to access those benefits. Your refusal to provide consent to release personally-identifiable information to Medicaid or any third-party insurer does not relieve the District of its responsibility to ensure that all required services are provided at no cost to you.

Any previous, current, or future consent to bill Medicaid or third-party insurance is voluntary and you may revoke your consent at any time. If you choose to revoke consent, that revocation is not retroactive (i.e., it does not negate an action that occurred after the consent was given and before the consent was revoked).

The District and the SCDE will continue to operate under the guidelines of the Family Educational Rights and Privacy Act (FERPA) to ensure confidentiality regarding your child’s treatment and provision of services.

Student’s Name: Daisy Sample

Medicaid #:

Signature of Parent/Guardian

Date