



Pathway to the Future

BERRYESSA UNION SCHOOL DISTRICT  
1376 Piedmont Road, San Jose, CA 95132

Berryessa, in cooperation with the California Department of Health Services and Education, has begun a program that will allow the district to be reimbursed with federal Medicaid dollars for selected health services provided to Medicaid eligible students at school. School Business Services of California is assisting the district in the billing process. In accordance with the regulations of this program, to receive the federal dollars, the district must make an attempt to bill for services through private health insurance companies by asking Parent/Guardian for consent to bill.

If your student has an Individualized Education Plan (IEP) or an Individualized Family Service Plan (IFSP), the school district will not attempt to bill private insurance when the service is rendered as in accordance with their IEP or IFSP.

Most health services offered through the school district will not be reimbursed by a private health insurance plan and the district expects little revenue to be gained from private insurance agencies.

- No, I do not consent. (Please fill in your child's name and date of birth)
- Yes, I consent to billing my private insurance and have completed the information below.

Student Name \_\_\_\_\_ Student Date of Birth \_\_\_\_\_

INSURANCE INFORMATION

Parent/Guardian Name (person who holds policy) \_\_\_\_\_

Student Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Student Health Insurance Company Name \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Phone # \_\_\_\_\_

I consent to submission of claims to my insurance carrier for payment of fees for services provided to my child. I authorize my insurance carrier to communicate directly with, and make payments to, my student's school district and their billing agent.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

FORM C  
SIGN AND RETURN FORM TO SCHOOL