SAMPLE LEGAL GUARDIAN LETTER

(Use Your School District Letterhead)

(insert date)

(insert legal guardian’s name)

(insert legal guardian’s address)

Dear (insert legal guardian’s name):

The Vermont Medicaid program (also known as Green Mountain Cares) will reimburse school districts for services provided to students on an Individualized Education Program (IEP) and enrolled in one of Vermont's Medicaid programs. With your consent we can bill the Medicaid program for some services included in your child’s IEP. Please complete the attached Release of Information form. Consent to the release of information is voluntary.

Allowing the school district to bill Medicaid for services outlined in your child’s IEP will in no way affect your child’s Medicaid benefits. The school district will only release the records essential for billing purposes. If you choose not to give your consent, your child will continue to receive the same level of services required in the IEP. If you have other health insurance, as well as Medicaid, your other health insurance will not be billed for services provided by the school. The consent will remain in effect until it is revoked.

A physician's review is required before services can be billed to Medicaid. The (insert school name) utilizes the services of a contracted physician to review information for Medicaid billing purposes. If you would prefer that only your child's physician review his/her records, please place a note on the Release of Information form.

The funds the school receives from billing Medicaid will be used to provide additional programs for all students.

If you have any questions about this program, please call me (insert your name), at (insert phone number).

Thank you for your response.

Sincerely,

(insert name and title)