Date of Letter:

Student Name (First, Last): Date of Birth:

Local Education Agency (LEA) or Area Education Agency (AEA):

To: (Provider and Credentials):

The student has a patient-provider relationship with you and attends the LEA or AEA listed above. You are an integral member of the education team and the LEA or AEA is requesting your assistance in obtaining vital information for LEA or AEA health service delivery reimbursement for the student.

Included with this request is a signed copy of the signed "**Release of Information**" from the patient/student's parent(s)/guardian to meet the Privacy Requirements outlined in the "*US HHS/US DOE 2019 Joint Guidance on the Application of FERPA and HIPAA to Student Health Records*".

Please complete and sign this form. Email or fax the completed form back to Attn:

Email: **Fax:**

The parents or guardians has provided consent for the LEA or AEA to claim medicaid reimbursement for the following health service(s) provided for the patient as outlined in the following selected plan(s) or program below:

- ☐ Individual Education Program (Part C or B)
- ☐ Individual Health Plan
- ☐ Behavior Intervention Plan
- ☐ Section 504 Plan

The included health service delivery outlined in the plan(s) or program includes (select all that apply):

- ☐ School Nurse
- ☐ Paraprofessional (Health)
- ☐ Paraprofessional(Behavior)
- ☐ Interpreter Services
- ☐ Audiological Service
- ☐ School Counselor
- ☐ Transportation
- ☐ Licensed Dietitian
- ☐ Substance Use Counselor
- ☐ RN: ◯ 1:1 ◯ group
- ☐ LPN: ◯ 1:1 ◯ group
- ☐ Speech Language Therapy
- ☐ Physical Therapy
- ☐ Occupational Therapy
- ☐ Psychology
- ☐ Social Worker
- ☐ Transportation Escort
- ☐ Vision
- ☐ Developmental
- ☐ Family Training

Please provide below the International Classification of Diseases, Tenth Revision (ICD-10) for claims processing to obtain reimbursement of the selected health services above for your patient:

Healthcare Provider Signature/Credentials:

Date of Signature:

The healthcare provider must be enrolled with Iowa Medicaid (required)