

NYC EARLY INTERVENTION PROGRAM

NOTICE OF PARENT REFUSAL TO PROVIDE INSURANCE INFORMATION

CHILD'S NAME: _____ EI ID #: _____

(Last, First and Middle)

1. The NYC Department of Health and Mental Hygiene is notifying the NYS Department of Health that the following parent has declined to provide health insurance information to the Early Intervention Program.
2. The parent has not provided evidence that the insurance policy under which their child is covered is not governed under New York State laws and regulations.
3. The parent has been informed that the NYC Department of Health and Mental Hygiene has the right to access insurance information if the plan is subject to NYS Insurance Law.

Parent's Name: _____ Relation to child: _____

Address: _____ Apt. #: _____ Borough: _____ Zip code: _____

Home Phone: () _____ Alternate Phone: () _____

The parent declined for the following reason(s): _____

Initial Service Coordinator Name: _____ Number: _____

Agency: _____

Address: _____

Phone: () _____

Ongoing Service Coordinator Name: _____ Number: _____

Agency: _____

Address: _____

Phone: () _____

I/we certify that the following actions were taken in an effort to obtain insurance information from the parent:

- The service coordinator requested the information of the parent.
- The service coordinator reviewed the protections in Public Health Law and Insurance Law that assures use of insurance is at no cost to the parent and will not be applied toward insurance policy lifetime or annual limits.
- The parent was asked and could not or would not provide documentation from their insurer that insurance coverage applicable to their child is not governed under New York State laws and regulations.
- The parent has been informed and understands that this notice will be sent to the New York State Department of Health Early Intervention Program.

Parent Signature

Date

Initial/Ongoing Service Coordinator Signature

Date

EIOD Signature

Date