

**ELKINS SCHOOL DISTRICT NURSING SERVICES
MEDICAID BILLING FORM (MUST BE COMPLETED)**

Dear Parent/Guardian,

Districts in the state of Arkansas bill Medicaid for repayment for specific student screenings, such as hearing and vision. Law requires parent/guardian permission for our district to release student screening information to state agencies for billing purposes. This will be of no cost to you. Funds obtained from these screenings are designated for the purchase of health supplies, health equipment, nursing costs, and nursing professional development. Thank you for completing, signing, and returning this form. If you have any questions, please call your school nurse.

In compliance with the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 123g; 34 CFR Part 99) I, _____, give permission for my child, _____'s personally identifiable information/student education records to be disclosed to a Third Party Billing agent for the purpose of billing Medicaid.

Printed Name of
Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: _____