



Private Health Insurance Authorization For Early Intervention Services

Date: _____

Re: Coverage of early intervention services [C.R.S. 10-16-104(1.3)]

The child listed below has been determined eligible for early intervention services in the State of Colorado. Confirmation of eligibility under C.R.S. 10-16-104(1.3) is needed for the listed insurance carrier.

- New Enrollment
- Exited from Services
Date of Exit _____
- Change in Previous Information
Specify _____

Early Intervention Contact Information:

Contact Name: _____ CCB Name: _____ Phone: _____ Fax: _____ E-mail: _____

Insurance Information/Consent form

Child's Name: _____ DOB: _____ Initial IFSP Date: _____

Health insurance carrier: Aetna If Other, Name: _____ Subscriber ID: _____

SSN of policy holder (if no subscriber ID): _____ Policy/Group Number: _____

Name of primary policy holder: _____ Insurance Customer Service Phone # (on back of card): _____

Yes I, _____, parent of the above named child give my consent to the above named Community Centered Board to contact my child's health insurance carrier to request payment for necessary early intervention services.

Signature of parent/legal guardian

Date

On file at CCB

Health Insurance Carrier Use Only: This form must be returned to CCB listed above within 5 business days.

Yes, this child is covered under the above named policy and C.R.S. 10-16-104(1.3) applies to the plan. Payment for early intervention services will be provided through the State Trust Fund. Annual benefits start date: _____ (Calendar year = January 1; otherwise, month and day of benefit year)

No, this child is not covered under the above named insurance plan, and/or C.R.S. 10-16-104(1.3) is not applicable for the following reason(s).

Authorized Insurance Representative

Date

On file at CCB