

Aurora Public Schools
—SCHOOL BASED MEDICAID REIMBURSEMENT -
- Annual Notification of Rights-

This is a statement of your rights regarding the consent you have given the District to provide health related services to your child and to release and exchange information to Medicaid for reimbursement for health related services.

Billing information includes your student's name, date of birth, address, educational disability and type and amount of health related services that have been provided. Your consent has allowed the District to send claims to Medicaid and receive payment from Medicaid for health related services outlined in your child's Individualized Education Plan.

Rights:

- The District will not require you to enroll in Medicaid in order for your child to receive special education services.
- Your child will continue to receive the services listed in his or her IEP, without interruption and at no cost to you, whether or not you have given permission.
- Your consent will not impact your child's Medicaid coverage.
- Your consent is voluntary and may be withdrawn at any time.
- If you withdraw your consent the district will not bill Medicaid for any services provided from that date forward.
- You are entitled to notice of your rights annually. This is the statement of your Rights.

- I also understand that the District will operate under the guidelines of the Family Educational Rights and Privacy Act (FERPA) to ensure confidentiality regarding your child's treatment and provision of health related services.

Aurora Public Schools Medicaid Department: 303-365-7813