

## Consent to Bill Private Insurance and Medicaid

The Rock Hill School District and the South Carolina Department of Education (SCDE) request my permission to provide services to my child and release and exchange medical, psychological, and other personally identifiable confidential information, as necessary, to the South Carolina Department of Health and Human Services (SCDHHS) and any applicable third party insurer regarding billable services provided to my child. I understand the purpose of this consent is to bill Medicaid and/or private party insurer for services under the Individuals with Disabilities Education Act (IDEA).

By signing this form, I go4Tb.36 0 Td d bs ith D)o Ase E S(r)3 (C(r))-5 (I41 (D))-5 tBo Dyatio to ba (s)1 lec

