STAFFORD COUNTY PUBLIC SCHOOLS
31 Stafford Avenue
Stafford, Virginia 22554-7246
Phone: 540-658-6000
www.staffordschools.net

Office of Student Support Services

General Consent to Bill Medicaid and FAMIS for All Students

I consent for Stafford County Public Schools (LEA) to release information from my child's educational records (such as evaluation reports), about my child's participation in services to participating physicians, other health care providers, the Department of Medical Assistance Services (DMAS), any DMAS billing agents, and any LEA billing agent as necessary, to process claims for reimbursement by DMAS for covered health-related services and evaluations that are performed by a licensed therapist, to include RN, SLP, OT, PT, Mental Health Professionals (LCSW, School Counselor, Psychologist), PCAs and BCBAs while in school.

I understand that the services are delivered free of charge. I also understand that the delivered services will in no way affect my coverage in the Medicaid or FAMIS program, nor any other form of health care coverage I might have. I am simply giving permission for the county to receive partial reimbursement of delivered services for my child that were performed by one of the above mentioned providers during the school day. I understand my right to refuse consent for the school system to access my child's Medicaid or FAMIS coverage to seek reimbursement for services provided to my child during the course of the day. I understand that my refusal will not affect delivery of these services to my child. I understand that my permission is voluntary and can be revoked at any time.

☐ I give consent for the school system to (process claims through) access my child's Medicaid or FAMIS coverage.

☐ I do not give consent for the school system to (process claims through) access my child's Medicaid or FAMIS coverage.

Student's Full Name: _____ Date: _____

Parent/Guardian: _____ Date: _____