



Independent School District No. 721 New Prague Area Schools

Special Services
415 First Avenue NE
New Prague, MN 56071

Phone: 952-758-1728 Fax: 952-758-1719

Dear Parent/Guardian,

If you have applied for and received benefits from (MHCP) Minnesota Health Care Programs (Medical Assistance, Minnesota Care, TEFRA or other Waivers) you have given the School District consent to bill Minnesota Health Care Plans for qualifying services provided by our qualified providers within the application.

The school-based services we bill for include occupational therapy, speech/language therapy, physical therapy, paraprofessional/PCA, nursing, qualifying special transportation, and evaluations by our school psychologists.

This letter is to inform you that the school district will bill for the health related services that are included on your child's IEP or part of the evaluation or re-evaluation process. When services are billed you will receive an Explanation of Benefits (EOB) as you would for any other services billed to your public health plan. School based services do not count against parental fees, you will not have to pay any co-payment for school based services and school based services do not count against limits for CAC, CADI, DD or TBI waivers. We will **not** bill private insurance.

You have the right to receive a copy of any information shared and billed; and you have the right to withdraw your consent at any time by requesting in writing for it to end.

If you wish to withdraw your consent, send written request to:

Attn: Renee Hartman
Special Services
New Prague Area Schools
415 First Avenue NW
New Prague, MN 56071

FAX: 952-758-1719

If you withdraw consent, the district may no longer share your child's education records to bill for IEP health-related services, your child's IEP services will not change or stop.

Please feel free to contact me if you have any questions.

Thank you,

Renee Hartman
School Based Services Billing
952-758-1728

Your rights as stated in the Notice of Procedural Safeguards:
WRITTEN ANNUAL NOTICE RELATING TO THIRD PARTY BILLING FOR IEP HEALTH RELATED SERVICES
The district must inform you each year in writing that:
1. The district will bill medical assistance or MinnesotaCare for the health related services on your child's IEP;
2. You have the right to receive a copy of education records the district shares with any third party when seeking reimbursement for IEP health-related services; and
3. You have the right to withdraw your consent to disclose your child's education records to a third party at any time. If you withdraw consent, the district may no longer share your child's education records to bill a third party for IEP health-related services. You can withdraw your consent at anytime and your child's IEP services will not change or stop.