

Student Services/Special Education

District Administration Office
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Elisabeth Lodge Rogers, Ph.D., Executive Director

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*Clear Lake
Clearwater
Collegeville
Luxemburg
Pleasant Lake
St. Augusta
St. Cloud
St. Joseph
Waite Park*

Dear Parent or Guardian:

District 742 is committed to high quality special education services. You can help us get additional funds to help provide for these services. We are asking for your support of the third party payment program.

State law requires schools to try to get third party payment for special education health related services. These services may include speech-language and hearing therapy, occupational therapy, physical therapy, nursing, mental health services, personal care services, assistive technology devices, and special transportation.

The District needs your permission before seeking third party payment. At this time we are only billing public health care plans such as Medical Assistance or MinnesotaCare for health related services. If you have both private and public health insurance we need your permission to seek a denial from your private health insurance before we can bill your public health care plan. We will not bill your private insurance.

You may take away permission to release your child's records at any time. If you do not give permission, your child's special education services will not be affected in any way.

Included with this letter, you will find the following:

- Consent to Seek Payment for Special Education Health Related Services
- Information to Parents and Guardians About the Third Party Payment Program
- Notice of Procedural Safeguards

Your Medical Assistance, MinnesotaCare, or waived care benefits are not affected. There is no cost to your family if you only have public health insurance. However, if the district were paid by your private health insurance, lifetime limits, co-pays, and deductibles may be affected. We will not bill your private insurance.

Please review the forms listed above. Once you have read the information, complete the consent form and date it. We need you to sign, date, and return the consent form whether or not you give approval to seek payment from an outside funding source.

Thank you for your time. We appreciate your support and cooperation. If you have any questions regarding this information, please call Donniel Robinson at 320-202-6896.

Sincerely,

Elisabeth Lodge Rogers Ph.D.

Elisabeth Lodge Rogers Ph.D., Executive Director of Student Services