



William G. Stepp • Director of Schools

Jim Inman • Board Chair

Dear Parent or Guardian,

You are receiving this letter and forms because your child receives a nursing/health-related service in the Cumberland County School District; during the school year. Because your child has an IEP, IHP, or IFSP, the school system is allowed to seek reimbursement from TennCare for their services. You will **never** be charged for health-related services your child receives in the school system.

1. Consent to Access to Information Form – Please review this form, complete the bottom portion and be sure to sign the bottom of the form; we need your consent to share the IEP, IHP, or IFSP, with TennCare representatives.

2. Physician/Insurance Information Form - Please fill out this form and circle the type of TennCare your child has and include their doctor's name if this information is available. Please be sure to include either your child's TennCare ID# and/or their social security number. It's essential that we have this information to verify TennCare coverage. Please sign the bottom of this form, allowing us to obtain all the public funding available for these services. Your child's TennCare will not change in any way. Please complete the Health Information section because this information is helpful for your child's therapy or services.

3. Notice of Access to Information with HIPAA Information – these forms are yours to keep.

Please return these forms to your child's school in the envelope provided.

The school system will continue to provide all the services in your child's IEP, IHP, or IFSP, regardless of insurance coverage. You will **never** be charged for any health-related services provided in the school district.

If you have any questions about this program, please contact my office.

Sincerely,

Marsha Polson, RN
Coordinated School Health &
Health Services Supervisor