

**School Based Health Services Claim  
For LEA Residential Placements  
In Private Non-Medical Institutions**

Medicaid Provider Number: \_\_\_\_\_

Billing Period: \_\_\_\_\_

Supervisory Union: \_\_\_\_\_

Name of Student	Date of Birth	Medicaid ID Number	Diagnostic Code	School District Code	Dates of Service (show beginning and ending date)	Residential Facility	Number of Days	PNMI Approved Treatment Rate per Day	Total Claim

Please be sure the student meets the following criteria:

- 1.) Student placed in facility by School District (LEA)
- 2.) Student is on an IEP.
- 3.) Student is Medicaid eligible.
- 4.) Student is staying at facility overnight.

**Copies of the actual bills from the residential facilities must be attached to the claim.**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Title: \_\_\_\_\_

Submit to: Agency of Education, Attn: Medicaid, 219 North Main Street, Suite 402, Barre, VT 05641

*For DOE Use:*

Treatment Rate Used: \_\_\_\_\_

Copy of Bill Attached: \_\_\_\_\_

Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_

RA Date: \_\_\_\_/\_\_\_\_/\_\_\_\_