

Model Letter for Accessing Private Insurance

Dear (Parents' names)

Valley Trails AEA is responsible for providing special education support services that your child requires at no cost to you. The AEA may ask parents of children with disabilities to use their private insurance to pay for services that the AEA is responsible to provide if this can be done at no cost to the parents. Parents may refuse a request to use their private insurance. If parents refuse a request to use their insurance, the AEA will be responsible for the cost of the service.

Valley Trails AEA is requesting that you use your private insurance to pay for the following service(s):

Describe the service(s) (e.g., occupational therapy evaluation, hearing evaluation, etc.)

Valley Trails AEA will reimburse you for any out-of-pocket expenses related to this service (co-pays, insurance deductibles, transportation to this service, etc.)

- I/we, the parent(s) of (student name): Agree to give our consent to use our private insurance for this service.
- Do not agree to give our consent to use our private insurance for this service.

Parent Signature

Date

Parent Signature

Date