

**EXEMPTION FROM BILLING PRIVATE INSURANCE  
AND/OR PUBLIC INSURANCE**

Name of EI Program: \_\_\_\_\_

**Private Insurance:**

1. Number of children in FY \_\_\_\_\_ served with private insurance only \_\_\_\_\_  
Number of children in FY \_\_\_\_\_ served with private insurance & Medicaid \_\_\_\_\_

2. Insurance Companies representing the above children \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Briefly describe the process for joining the provider network(s) of the company(ies) listed in #2, e.g. application process, special software, rate of reimbursement, etc.:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Summarize why it is not cost effective for this EI program to bill this/these insurance company(ies): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_ No new information to submit for numbers 2-4 above.

6. \_\_\_\_\_ This section is non-applicable.

**Public Insurance:**

1. Number of children in FY \_\_\_\_\_ served with public insurance \_\_\_\_\_

