

February 7, 2003

POLICY HOLDERS NAME
ADDRESS
CITY STATE ZIP

Re: Health Insurance for CHILD'S NAME

Dear POLICY HOLDERS NAME:

The Placement Support Unit is responsible for the collection of insurance reimbursement for children receiving services paid by Anoka County. Recently, your child entered placement or is receiving treatment that may be covered by your health insurance plan.

If your child is covered by an insurance plan, please complete the enclosed form and return to me in the postage paid envelope. If your child does not have coverage or the policyholder is someone else, please indicate this on the form.

If your child is enrolled in an insurance plan, It is important that you **contact the insurance company** as soon as possible to inquiry about the possibility of the current placement/treatment being covered by the insurance plan. If there is coverage, it is likely that you will need a **Pre Authorization**. You may request Pre Authorization from the insurance provider.

Your immediate attention and cooperation is necessary so that we can obtain reimbursement for services provided to your child. If you have any questions, please contact me at 763-422-7084.

Sincerely,

Carol Erickson
Placement Support Unit