

**Early Intervention  
Central Billing Office Insurance Billing Unit  
Participant Identification Form**

**PLEASE NOTE: This form must be completed and approved by the CBO Insurance Billing Unit prior to any visits with the participant.**

Note: Only one (1) child per form			
Provider Name:	Jane Smith		Date: 7/1/08
Provider Email Address:	<a href="mailto:jsmith@munsters.com">jsmith@munsters.com</a>		Provider Telephone: (217)123-4567
Child's Name:	John Doe		
Child's Full Address:	123 Any St. Chicago, IL 12345		
Child's EI:	123456	CFC Child Enrolled at:	1
Child's DOB:	1/1/07	Child's Gender:	M
Insurance Company Name:	Blue Cross Blue Shield		Insurance Company Telephone Number: 800-123-4567
Group:	P12345	Insurance ID:	XOF123456789
Provider PIN:			
Insured's Name:	James Doe		
Insured's DOB:	7/1/70	Insured's Gender:	M
Insured's Phone Number:	(217)345-6789		
<b>Provider Checklist of Required Information to Send to EI-CBO-Insurance Billing Unit:</b>			
Pre-Certification:	PCP Referral:		
<b>For CBO Use Only:</b>			
Date Approved:			CBO BV Restrictions (list):
Date Denied:			Qclaims Check Date:
Reason (if Denied):			Provider Follow Up:
Provider Notification Date:			