



## **Requesting A Pre-Billing Waiver**

This document lists the requirements for submitting a pre-billing waiver request to the Early Intervention Central Billing Office.

### **Required Documentation**

#### **1. Fax Coversheet**

- a. Section 1: Must be fully completed.
- b. Section 4: Please marked appropriately.
- c. Fax to 217-492-5602 or email as a pdf to [insurance@iphca.org](mailto:insurance@iphca.org).
- d. Must be sent as a single attachment, including the case notes.

#### **2. Case Notes**

- a. Must include:
  1. Phone number(s).
  2. The name of person(s)/provider(s) spoken with.
  3. Outcome of the conversation (e.g. Not available to start services within 15 days, Not taking new patients at this time, Does not see patients in the home, Left several message but never received a return call). *\*Note: Simply stating a message was left is not a sufficient outcome.*
- b. The full name of facilities called must be listed. (Case notes with abbreviations listed will be rejected.)
- c. Fax to 217-492-5602 or email as a pdf to [insurance@iphca.org](mailto:insurance@iphca.org).
- d. Must be sent as a single attachment, including the fax coversheet.

#### **3. Waiver Document**

- a. Top portion should be completed by Service Coordinator.
- b. Please do not alter the format of the waiver form, it will not be accepted.
- c. Must be emailed as a Microsoft Word document to [insurance@iphca.org](mailto:insurance@iphca.org).

For additional information please refer to the CFC procedure manual, chapter 10.5 at <https://www.dhs.state.il.us/page.aspx?item=96964>.