Clear Form

HEALTH/VISION/DENTAL REFERRAL AND AUTHORIZATION FOR SERVICES

Student Last Name	Student First Name	DOB	Contact #

School District: _____ Gr: ____ MSID # _____ EOE: _____

Service Provider Name: _____ Service Provider Contact #: _____

Brief description of presenting problem: _____

Migrant Education Program requires that other resources available to student must be utilized, please indicate the reason of the request for Migrant Education to pay for the services: _____

Name of staff requesting authorization: _____ Date: _____

Signature of Supervisor requesting authorization: _____ Date: _____

Signature of Business Specialist: _____ Date: _____

Signature of Director: _____ Date: _____

TO THE PROVIDER:

Approval has been given to the above-named student for a **one-time visit** not to exceed $_____. Services must be provided on or before_____. To ensure prompt payment, please complete the information below, sign and return **this authorization with your billing invoice.**

Cost of Services $

Discount $ _____

Amount Due: $ _____

Signature of Provider: _____

Send form and invoice to:

Migrant Education Program

255 Pico Ave., Suite 120

San Marcos, CA 92069

(760) 307-1399

elizabeth.riggs@sdcoe.net

Save Form

PO #: _____

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Health Referral Process

1. MEPA identifies student with health/dental ailment.
    a. MEPA checks with school/district nurse or other agency for available resources to treat ailment. (Must be documented i.e email)

2. MEPA completes "Health Referral and Authorization Form" and submits to Program Secretary

3. Program Secretary obtains signature of
    a. MEPA Direct Supervisor - Reviews that all available resources were exhausted before using Migrant Funds
    b. Business Specialist - Verifies that the student is a Migrant Student and is eligible to receive services (MSIN), checks if budget is available and enters the maximum amount and date of service.
    c. Director - Reviews services and ensure that the service is reasonable

4. Program Secreatary enters a requisition for maximum authorized amount and provides a copy of the form to MEPA and notes the PO number on the form

5. MEPA provides form to a Parent/Provider

6. MEPA enters the services in MSIN when services are provided. Use the following codes depending on the service provided

    Medical
    a. Medical Screening - 902
    b. Medical Treatment - 904

    Vision
    a. Vision Screening - 905
    b. Vision Treatment - 907

    Dental
    a. Vision Screening - 908
    b. Vision Treatment - 910

7. Provider submits invoice along with signed original authorization form to MEP office.
    a. Secretary receives invoice in PeopleSoft.
    b. Invoice/Authorization form is forwarded to Accounts Payable for processing.