

Statement of Reassignment

Name of the Outside Contracted Provider: _____

By this reassignment, the above-named Outside Contracted Provider of services agrees:

1. To reassign all MaineCare reimbursements to the contracted school district that the Outside Contracted Provider is under contract with for providing covered services billed through MaineCare for IEP related services.
2. To agree not to bill MaineCare directly for any services that the school district will bill for under MaineCare.

NOTE: Nothing in this “Agreement of Reassignment” would prohibit the Outside Contracted Medicaid Provider from claiming reimbursement for MaineCare eligible services rendered outside of the scope of the services delivered through the Outside Contracted Provider and school district contract.

(Date)

(Outside Contract Service Provider’s Signature)

School District (under contract with)

Additional School Districts under contract with the Outside Contracted Provider:

