

## **AGREEMENT OF REASSIGNMENT**

(Use only for contracted staff who are independently enrolled as Medicaid providers)

Name of Outside Contracted Provider: \_\_\_\_\_

By this reassignment, the above-named outside contracted provider of services agrees:

1. To reassign all Medicaid reimbursements to the school district that I contract with for providing medical services billed under the NH Medicaid to Schools Program;
2. To accept as payment in full the contractual reimbursement rates for covered services as described in the contract between the outside contracted provider and the school district;
3. To comply with all rules and policies as described in the contract between the outside contracted provider and the school district;
4. To agree not to bill Medicaid directly for any services that the school district will bill for under the NH Medicaid to Schools Program.

**NOTE:** Nothing in this “Agreement of Reassignment” would prohibit a Medicaid practitioner from claiming reimbursement for Medicaid eligible services rendered outside of the scope of the NH Medicaid to Schools Program.

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\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Outside Contract Service Provider’s Signature)

\_\_\_\_\_  
(Name of School District under contract with outside contracted Provider)