

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.

(Date)

(Outside Contract Service Provider’s Signature)

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