



1400

Jane Doe (Head of Household) ←

123 Any Street

Any town, IN 46307

Account Number CPAR# ←

Child ID ##### ←

First Steps Billing Information

First Steps cost participation is legislated by the State of Indiana. You are charged a copay amount based on the actual length of your child's session, not a flat fee per session. Your service coordinator can talk with you about how First Steps bills your private health insurance. For some insurance plans, Indiana legislation allows the First Steps program to bill insurance carriers a flat monthly rate. This rate will not be applied to any annual or lifetime benefits. However, your Service Coordinator will need to verify if your plan will be eligible for this type of billing.

As a reminder, families are responsible to pay the 'Total Amount Due' (listed on the attached statement) in full by the payment due date. Families that fall 60 days behind (or greater) in payment may be subject to suspension of therapy services. If you are having financial difficulty in meeting your payment obligation, or feel your statement is in error, please contact your Service Coordinator as soon as possible. You will continue to receive statements shortly after your child exits services until you have no remaining billing activity on your account.

While First Steps will make an attempt to bill your private or public insurance plan for most services, there is no guarantee the carrier will pay. If a private or public insurance claim is denied or rejected for any reason, First Steps cannot guarantee reprocessing or resubmission of the claim. As a parent, you have the responsibility to pay your established First Steps copayment fee by the due date.

Families who do not know their child's specific identification number or family account number may contact their Service Coordinator to request that information.

For more information or to see the rate table, you may visit <http://www.in.gov/fssa/ddrs/2821.htm>.



First Steps

Indiana First Steps

Jane Doe
123 Any Street

Any town, IN 46307

Account Number
Statement Date

Payment Due Date

CPAR#
mm/dd/ccyy

mm/dd/ccyy

Summary

Please keep this section for your records

	Amount
Previous Statement Amount Due	\$37.50
Adjustments Applied Since Last Statement	
Payments Received	(\$22.50)
Copayments Adjusted	\$0.00
Miscellaneous Adjustment Transactions	\$0.00
 Family Cost Participation	 \$6.00
Total Amount Due	\$21.00

Past Due Aging

Current	Over 30	Over 60	Over 90	Over 120
\$6.00	\$6.00	\$9.00	\$0.00	\$0.00

For inquiries regarding your copay information, please call your SPOE. Inquiries regarding this statement should be directed to the Central Reimbursement Office Help Desk at 866-339-9595.

Please return this section with your payment. Make check or money order payable to "Central Reimbursement Office". Write your account number on your check or money order. Do not send cash.

CPAR# ←
\$21.00 ←

Amount Enclosed mm/dd/ccyy
\$

Central Reimbursement Office
c/o CSC
P.O. Box 29160
Shawnee Mission, KS 66201-9160