

# Russell Silver Syndrome Program Enrollment Form

## Children's Special Health Services North Dakota Department of Health

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_  
Mother Father

Address: \_\_\_\_\_  
Street or PO Box City State Zip

Telephone Number: \_\_\_\_\_  
Home Mom Work Dad Work Cell

Child's Birthdate: \_\_\_\_\_

1. The family is required to provide a current medical report from their child's physician that documents the *diagnosis of Russell Silver Syndrome* and the *plan of care recommended to treat the condition*. The report should be mailed to: Children's Special Health Services Division, North Dakota Department of Health, 600 E. Boulevard Ave., Department 301, Bismarck, ND 58505-0200.

2. The family's health insurance, when obtainable, is required to be the primary payer of services. Provide a copy of your insurance card (both sides) or fill in the information below. Please check whether your child is currently eligible for Medicaid or has no health insurance coverage.

Insurance \_\_\_\_\_  
Name of Company Company Address Policy Number

Child is currently eligible for Medicaid  Yes  No

Child currently has no health insurance coverage  Yes  No

3. An authorization to disclose information is requested. This form authorizes disclosure and information exchange for eligibility determination, claims payment, treatment planning and care coordination activities needed to administer the program. A new authorization form is to be completed annually while a child is enrolled in the program to assure that information available is current and accurate.



Out-of-state travel requires preauthorization. Call CSHS at 1-800-755-2714 prior to confirming any out-of-state travel arrangements.

Out-of-state meals will be reimbursed at the GSA meal allowance rate, which is based on defined locations and broken down by quarter: 1<sup>st</sup> quarter 20% of daily rate, 2<sup>nd</sup> quarter 30% of daily rate, and 3<sup>rd</sup> quarter 50% of daily rate.

Additional receipts may be required for reimbursement to be considered (taxi, airport shuttle, etc.).

Coverage limitations:

Payment for medical food and growth hormone treatment cannot exceed \$50,000 per child per biennium.

Services for Russell-Silver Syndrome are limited to those outlined in chapter 23-41-07 of the North Dakota Century Code related to “growth hormone treatment” and “medical food”. They include:

<b>Growth Hormone Treatment</b>	<b>Medical Food</b>
Drug prescribed by a physician or other licensed practitioner for the long-term treatment of growth failure	Formula that is intended for the dietary treatment of a disease or condition for which nutritional requirements are established by medical evaluation and is formulated to be consumed or administered under the direction of a physician
Supplies necessary to administer the drug prescribed for the long-term treatment of growth failure	Any medical procedure and supplies necessary for assimilation of the formula
One out-of-state physician visit per year to obtain expert consultation for the management of Russell-Silver Syndrome	
Appropriate in-state physician visits	
Travel expenses associated with physician visits for the child and one parent	

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*I have read this enrollment form or had it read to me. I understand that the effective date for services is dependent upon receipt by the Children’s Special Health Services state office of all the required information specified in the enrollment form.*

\_\_\_\_\_  
**Signature of Parent/Guardian/Client if age 18**

\_\_\_\_\_  
**Date**