

# 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: \_\_\_\_\_

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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.



In-state reimbursement for travel expenses is at state rates. Rates effective 8/1/2011 are:

Mileage - \$0.51 mile (map miles)

Food - breakfast \$6.00, lunch \$9.00, dinner \$15.00

Lodging - \$69.30/night plus tax (receipt required)

Out-of-state travel requires preauthorization. Call CSHS at 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**