



REEVALUATION OF FINANCIAL ELIGIBILITY
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 SPECIAL HEALTH SERVICES UNIT
 SFN 766 (8-2023)

Date	Re
To	
FROM: Department of Health and Human Services Special Health Services Unit 600 E Boulevard Ave Dept 301 Bismarck, ND 58505-0200 Toll Free 800.755.2714	Special Health Service Unit Identification Number

Special Health Services will continue to pay for covered services as recommended for the following eligible condition(s):
(Special Health Services Unit can pay a maximum of \$5,000 for all eligible services within the benefit years.)

<input type="checkbox"/> Prior to SHS payment, the family will be responsible for this amount each month (cost share): \$	Effective Date
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<input type="checkbox"/> The family has no cost share responsibility.	Effective Date
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Insurance: (Check one to indicate insurance status)

- None
 The family has insurance - complete below:

Company Name	Policy Date	Policy Number	Deductible
Company Name	Policy Date	Policy Number	Deductible
Company Name	Policy Date	Policy Number	Deductible

Insurance Policy Exclusions or Limitations (Insurance must be utilized to the maximum whenever applicable.)

Remarks

Financial Reevaluation Due Date	SHS Coverage Will Terminate On
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Other

Note: Send CMS 1500/UB/ADA claim forms to Special Health Services Unit

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