



**NOTICE OF ACTION  
REGARDING HEALTH SERVICES COVERAGE**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
SPECIAL HEALTH SERVICES UNIT  
SFN 1104 (8-2023)

Date	Re
To	
FROM: Department of Health and Human Services Special Health Services Unit 600 E Boulevard Ave Dept 325 Bismarck, ND 58505-0200 Toll Free 800.755.2714	Special Health Service Identification Number

**APPROVED**     Diagnostic Testing and Evaluation     Treatment

Special Health Services will pay for covered services as recommended for the following eligible condition(s):

Effective for Eligible Care as of: **(Special Health Services can pay a maximum of \$5,000 for all eligible services within the benefit year.)**

<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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Insurance: (Check one to indicate insurance status)  
 None     The family has insurance - complete below:

Company Name	Policy Date	Policy Number	Deductible

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

**Remarks**

Annual Reevaluation Due Date	SHS Coverage Will Terminate On
Other	

**DENIED**     Diagnostic Testing and Evaluation     Treatment

Special Health Services Coverage Has Been Denied For

Reason for Denial:

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

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