

**Early Intervention  
Central Billing Office Insurance Billing Unit  
Participant Identification Form**

**PLEASE NOTE: This form must be completed and approved by the CBO Insurance Billing Unit prior to any visits with the participant.**

Note: Only one (1) child per form			
Provider Name:	Jane Smith	Date:	7/1/08
Provider Email Address:	<a href="mailto:jsmith@munsters.com">jsmith@munsters.com</a>	Provider Telephone:	(217)123-4567
Child's Name:	John Doe		
Child's Full Address:	123 Any St. Chicago, IL 12345		
Child's EI:	123456	CFC Child Enrolled at:	1
Child's DOB:	1/1/07	Child's Gender:	M
Insurance Company Name:	Blue Cross Blue Shield	Insurance Company Telephone Number	800-123-4567
Group:	P12345	Insurance ID:	XOF123456789
		Provider PIN:	
Insured's Name:	James Doe		
Insured's DOB:	7/1/70	Insured's Gender:	M
		Insured's Phone Number	(217)345-6789
<b><i>Provider Checklist of Required Information to Send to EICBO-Insurance Billing Unit:</i></b>			
Pre-Certification:		PCP Referral:	
<i>For CBO Use Only:</i>			
Date Approved:		CBO BV Restrictions (list):	
Date Denied:		Qclaims Check Date:	
Reason (if Denied):		Provider Follow Up:	
Provider Notification Date:			