



San Diego Regional Center

Serving Individuals with Developmental Disabilities in San Diego and Imperial Counties

4355 Ruffin Road, San Diego, California 92123 • (858) 576-2996 • www.sdrc.org

[Date]

Name

Address

City, State, Zip

Dear _____ :

This letter is to inform you that an annual re-assessment of your income eligibility is now due in order for the San Diego Regional Center (SDRC) to continue to fund your private insurance [copayment/coinsurance/deductible].

Enclosed are the following documents you will need to complete, sign where indicated and return to SDRC **within two weeks:**

- Consent for Release of Information forms so that we may access information from your health care provider and your health insurance company related to the services for which you are requesting [copayment/coinsurance/deductible] funding.
- SDRC Request for Copayment, Coinsurance or Deductible

You also need to provide SDRC with:

- A copy of your insurance card, both the front and back; and,
- A copy of documents certifying your family income (this may include your W2 wage statement, payroll stubs, prior year's state income tax return or a copy of your prior year's federal income tax return).

Please note that completing, signing and returning all of the above required documentation is the first step in the annual re-assessment of your request for SDRC to continue to fund your private insurance copayment, coinsurance or deductible. If eligible, based on family size and income, SDRC will work with you, your insurance company and the service provider to confirm your insurance benefits and the continued necessity of the service.

If you do not qualify based on income, funding of your copayment, coinsurance or deductible may be considered if you are able to demonstrate an extraordinary event, a catastrophic loss or significant unreimbursed medical costs associated with the care of the client. Please refer to the enclosed "Purchase of Service Standard for the San Diego Regional Center" for the descriptions of extraordinary event, catastrophic loss and significant unreimbursed medical costs. If you feel that you meet the criteria, send a letter explaining the event, loss or costs to San Diego Regional Center, Attention: Executive Director, 4355 Ruffin Rd, San Diego, CA, 92123.

Sincerely,

Carlos Flores
Executive Director