

COMMONWEALTH of VIRGINIA

CYNTHIA B. JONES DIRECTOR

Department of Medical Assistance Services

SUITE 1300 600 EAST BROAD STREET RICHMOND, VA 23219 804/786-7933 800/343-0634 (TDD) www.dmas.virginia.gov

Santambar 1 2015

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	Dear Parent/Caregiver:
	The purpose of this letter is to notify you of the parental consent requirement for schools billing
	Medicaid or Family Access to Medical Insurance (FAMIS). If your child is now or later becomes
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