

Indigent Health Care Clinic Agreement

Clinic Name: _____

Address: _____
Street Address

City State Zip

Contact Name: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

The authorized signature on this agreement constitutes the intent of this clinic to serve as an indigent health care clinic and affirms that the clinic is an outpatient medical care clinic operated on a not-for-profit basis.

I understand an indigent health care clinic must charge uninsured patients living in a household earning less than 200 percent of the federal poverty level a discounted fee based on patients' ability to pay (sliding scale) and may submit claims to public or private insurance. The discounted fee schedule must be in writing, and information must be publicly posted to ensure that patients are aware of its availability.

As an indigent health care clinic, the clinic agrees to:

- (1) determine whether individuals seen through the indigent health care clinic are medically indigent;
- (2) either directly provide care through its employees or refer medically indigent individuals to a charitable health care provider providing care either at the clinic or in another location; and
- (3) maintain patient and program records and submit an annual activity report to KDHE (KAR 28-53-1).

I agree that failure to fulfill any of these duties will result in cancellation of the agreement by the Secretary of the Kansas Department of Health and Environment with the above-named indigent health care clinic.

 Authorized Signature

 Date

If an indigent health care clinic, its employee(s), or a charitable health care provider is sued by the recipient of care, they must request representation from the state in writing within 15 days after service of process or subpoena (KSA 75-6108(e)). Indigent health care clinics, their employee(s), or charitable health care providers served with a summons or petition should immediately contact the Kansas Attorney General's office at 785-296-2215.

Please return to: Charitable Health Care Provider Program
 Kansas Department of Health and Environment
 Bureau of Community Health Systems
 1000 SW Jackson, Suite 340
 Topeka, KS 66612
 FAX: 785-296-1231