



Professional Provider Application
 Kansas Special Health Care Needs (SHCN) Program
 1000 SW Jackson Suite 220, Topeka, KS 66612
 Main: 785-296-1313 ~ Toll Free: 1-800-332-6262



PROVIDER INFORMATION			
PROVIDER NAME			
FEDERAL TAX ID. OR SOCIAL SECURITY NUMBER		STATE LICENSE NUMBER	NPI NUMBER
LOCATION ADDRESS (STREET, ETC)		CITY	STATE ZIP
TELEPHONE	EMAIL ADDRESS	FAX NUMBER	COUNTY
MEDICAID/KANCARE PROVIDER? <input type="checkbox"/> YES - PROVIDER NUMBER _____ <input type="checkbox"/> NO			

BUSINESS OR PRACTICE INFORMATION			
BUSINESS/AGENCY NAME/MEDICAL GROUP		NAME OF AUTHORIZED REPRESENTATIVE	
FEDERAL TAX ID.		STATE LICENSE NUMBER	NPI NUMBER
LOCATION ADDRESS (STREET, ETC)		CITY	STATE ZIP
TELEPHONE	EMAIL ADDRESS	FAX NUMBER	COUNTY

By signing this agreement, as a provider for the Kansas Department of Health and Environment Special Health Care Needs Program (KDHE/SHCN), agree to the following:

- To provide individual services or goods as authorized by KDHE/SHCN.
- To comply with the Kansas Act Against Discrimination (K.S.A. 44-1001 et seq) and the Americans with Disability Act (42 U.S.C. 1210 et seq) ADA and will not discriminate against any person because of race, religion, color, sex, disability, national origin or ancestry, in the admission or access to, or treatment care provided.
- To provide medical records, if requested, to support the services/goods invoiced for payment.
- To ensure all reasonable effort will be made to pursue third-party payments for services (private insurance, Title XIX, SCHIP and other coverage). If payment is greater than the SHCN allowed amount, no further payment will be sought.
- To not require or request payment for authorized services from clients covered by this agreement. The provider shall have the express right to only bill clients covered under this agreement for services that are not authorized. Unauthorized services are those for which KDHE/SHCN has not given specific prior authorization.
- To submit all bills for approved client services to KDHE/SHCN within 6 months following the date of service.

Obligations by both parties, under this agreement, shall be suspended at such time as funds are not available. Suspensions will be notified in writing to the provider and/or authorized representative listed above. Suspension shall not eliminate coverage under this agreement for services which have been prior approved by KDHE/SHCN and have been provided prior to the date of suspension. KDHE/SHCN approvals that have not been provided after the date of the suspension notification shall be considered suspended.

By signing this form, I am stating that my licensure or certification in Kansas to provide services that you have selected from the menu on the reverse side of this application is valid and up to date. I will comply with the policies, procedures, and billing guidelines of KDHE/SHCN and failure to abide by these policies and procedures may result in the termination of this agreement with KDHE/SHCN. I certify that the information provided in this application is accurate and true.

SIGNATURE OF PROVIDER / AUTHORIZED REPRESENTATIVE	DATE
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TYPES OF SERVICES YOU CAN PROVIDE TO CHILDREN, YOUTH, AND ADULTS WITH SPECIAL HEALTH CARE NEEDS

	Adult	Pediatric		Adult	Pediatric
Dentistry			Physician		
Endodontics		<input type="checkbox"/>	Anesthesiology		
General	<input type="checkbox"/>	<input type="checkbox"/>	Cardiology		
Oral Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Chiropractic		
Orthodontics	<input type="checkbox"/>	<input type="checkbox"/>	Dermatology		
Pedodontia		<input type="checkbox"/>	Emergency Medicine		
Periodontics	<input type="checkbox"/>	<input type="checkbox"/>	Endocrinology		
Prosthodontics	<input type="checkbox"/>	<input type="checkbox"/>	Gastroenterology		
Durable Medical Equipment			Genetic (evaluation)		
Augmentative communication device & repair			Hematology		
DME equipment & Repairs			Medicine, Internal		
Hearing Aid Services & Repairs			Medicine, Pediatric Rehabilitation		
Orthotics			Medicine, Physical and Rehabilitation		
Prosthetics			Nephrology		
Supplies			Neurology		
Emergency Transportation			Ophthalmology		
<input type="checkbox"/> Emergency Transportation Services			Orthopedic		
Evaluation & Therapy			Pathology		
Audiology			Pediatrics		
Augmentative Communication Evaluation Team			Pediatrics, Developmental		
Cleft Lip & Palate Management Team			Podiatry		
Nutrition (Registered Dietitian)			Proctology		
Occupational Therapy			Pulmonary		
Physical Therapy			Radiology		
Respiratory Therapy			Rheumatology		
Speech Language Pathology/Speech			Surgery, Abdominal		
Facility Treatment Center			Surgery, Cardiovascular		
Ambulatory Surgery Center			Surgery, Colon and Rectal		
Emergency Care Center			Surgery, Craniofacial		
Hospital Services (Inpatient)			Surgery, Hand		
Hospital Services (Outpatient)			Surgery, Head and Neck		
Bilingual (list languages)			Surgery, Maxillofacial		
_____			Surgery, Neurosurgery		
_____			Surgery, Orthopedic		
_____			Surgery, Otolaryngology		
_____			Surgery, Plastic and Reconstructive		
Sign Language			Surgery, Thoracic		
Pathology			Surgery, Urological		
Laboratory Services			Surgery, Vascular		
Pharmacy			Urology		
Pharmacy Services			Other Services		

