

Request for Reimbursement for Provision of Directly Observed Therapy in Treatment of TB Disease

Local Health Departments should mail this completed request to:
 Tuberculosis Control Program
 Kansas Department of Health and Environment
 1000 S.W. Jackson Ave., Suite 210
 Topeka, KS 66612-1274
 Phone: (785) 296-8893 FAX: (785) 291-3732

Requesting Health Department: _____

Mailing Address: _____

Contact Person: _____ Phone Number: _____

Patient Name (Last, First, MI)	Date of Birth	Site of DOT Visit (Home, Clinic, Etc.)	No. of Visits During Month	DOT Service Date Began	DOT Service Date Completed

Please see the reverse for restrictions for requesting reimbursement. Attach photocopies of any documentation that verifies the performance of DOT for each patient listed above. Read the verification statement shown below, then sign as requested.

I verify that the above patients were provided DOT for the treatment of active tuberculosis disease, and that no reimbursements are requested for DOT provided by an employee of the State of Kansas, or an employee of the local health department paid through grants from the State of Kansas. I also verify that no charges for these services were assessed to the patient or requested for reimbursement through any other program funded by the State of Kansas.

Signature

Print Name/Title

Date

Restrictions for Requesting Reimbursement for Provision of Directly Observed Therapy (DOT) Services

1. No charges for services may be assessed to the patient receiving DOT services.
2. Reimbursements may not be requested for DOT services provided by employees of the State of Kansas assigned to local health departments.
3. Reimbursements may not be requested for DOT services provided by employees of the local health department whose salary is paid wholly or in part with State Tuberculosis Control Program funds provided through contracts with or grants to the local health department. This includes partial salary payments made through any TB-related Indigent Services contracts/grants.
4. Reimbursements requested for DOT services through this program may not also be requested through the Migrant Farmworker Voucher Program, or listed as an expenditure in expenditure affidavits for a TB-related Indigent Services contract/grant.
5. Only DOT services provided to suspected or confirmed cases of active tuberculosis disease are eligible for reimbursement.
6. All items pertaining to the provision of anti-tuberculosis medications in the document "Policies Pertaining to the Provision of Purified Protein Derivative (PPD) and Anti-Tuberculosis Medications" must be adhered to in order to qualify for reimbursement for provision of DOT services. To request a copy of these policies, call (785) 296-2547.
7. Reimbursements for DOT services are subject to availability of funds. Requests will be processed in the order in which they are received.
8. Requests for reimbursement should be submitted monthly.
9. Listing a patient on this request does not constitute the reporting of a case of suspected or active tuberculosis disease. Full reporting of any patient listed on this request should be completed prior to the submission of this request.

Tuberculosis Control Program Contacts

For administrative issues:

Phil Griffin Tuberculosis Control Program Director (785) 296-8893

For consultation:

Ginny Dowell Tuberculosis Nurse Consultant (785) 296-0739

To request PPD or anti-tuberculosis medications:

Linzi Meyer Tuberculosis Information Specialist (785) 296-2547