

KIDSS

Dear Healthcare Provider:

_____ qualifies to receive one or more of the following services for school year July 1, 2008 through June 30, 2009:

Physical Therapy	Occupational Therapy
Speech/Language Therapy	Nursing Services
Attendant Care Services	Audiology

The services are part of an Individualized Education Plan and are provided to your student during the school day by WebKIDSS Development Group Testing, a Local Education Agency. As a Local Education Agency (LEA) and a Kansas Medicaid Provider, WebKIDSS Development Group Testing has the authority to seek reimbursement for the services delivered to students who qualify.

As of December 2006, Medicaid amended the LEA Provider Manual to require a Health Care Provider's signature prior to billing for approved services. This requirement is to be annually renewed.

Your signature certifies that the listed student qualifies to receive one or more of the above services.

*Healthcare Provider - Signature

Date

*Healthcare Provider - Printed Name

Date

Upon completion of this form, please return it to in the enclosed, self-addressed stamped envelope.

Thank you,

name
position

*Required/Accepted Healthcare Providers include: Physicians, Advanced Registered Nurse Practitioners (ARNPs), Physician's Assistants (PAs) and/or Public or County Health Nurses.