



ANW Special Education Cooperative

710 Bridge Street ~ P.O. Box 207

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Serving Allen, Anderson, Neosho, Wilson & Woodson

2011/2012 Physician Authorization

Dear _____,

Health Care Provider

_____ (_____) – May qualify to receive one or more of the following services for

Student's First & Last Name

Date of Birth

school year August 1, 2011 through July 31, 2012: speech/language therapy, occupational therapy, physical therapy, attendant care, nursing, and/or audiology.

The services are part of an Individualized Education Plan and are provided to the student during the school day by ANW Special Education Cooperative. As a Local Education Agency (LEA) and Kansas Medicaid Provider, ANW 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 Health Care Provider's signature prior to billing for approved services. This requirement is to be annually renewed.

Your signature (below) certifies that the above listed student qualifies to receive speech/language therapy, occupational therapy, physical therapy, psychologist, social worker, attendant care, nursing, and/or audiology services.

*Health Care Provider – Signature

Date

Upon completion of this form, please return to:

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

2011/2012 Health Wave/Medicaid Parent Consent

Dear Parents or Guardians,

Your child may qualify to receive one or more of the following services for the school year August 1, 2011 through July 31, 2012: speech/language therapy, occupational therapy, physical therapy, psychologist, social worker, attendant care, nursing, audiology, assistive technology services.

The services are part of an Individual Education Plan and are provided to your child during the school day by the ANW Special Education Cooperative. As a Local Education Agency and Kansas Medicaid Provider, the inter-local has the authority to seek reimbursement for the services delivered to students who qualify. Kansas Medicaid may help the school district by sharing the cost of providing these services. **This does not affect your family benefits.**

Parent Release of Information Authorization

- I hereby authorize ANW Special Education Cooperative to share information about my child's IEP with a health care provider for the purpose of obtaining a referral and diagnosis for school based services as stated in the IEP.
- I hereby authorize ANW Special Education Cooperative to share information about my child's IEP and diagnostic code with the Kansas Medicaid Agency for the purpose of billing Medicaid eligible school based services.

X _____
Parent/Guardian Signature

Date