



ANW Special Education Cooperative

710 Bridge Street ~ PO Box 207

Humboldt, KS 66748

Phone: (620) 473.2257 Fax: (620) 473.2159

Serving Allen, Anderson, Neosho, Wilson & Woodson Counties

Dear _____,
Health Care Provider

_____ - may qualify to receive one or more of the following
(Students First, Last name) (Date of Birth)
service's for school year August 1, 2009 through July 31, 2010: 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, attendant care, nursing, and/or audiology.

*Health Care Provider- Signature Date

*Health Care Provider- Printed Name

Upon completion of this form, please return to ANW Special Education Cooperative
P.O. Box 207
710 Bridge Street
Humboldt, KS 66748 -or-

Fax to 620-473-2159

Thank you for your prompt response to this request. If you need additional information, please contact Alicia Sterling at 620-473-2257.

Contacting Therapist

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