

**Northwest Kansas Educational Service Center
703 West Second
Oakley, KS 67748
(785) 672-3125**

MEDICAID REIMBURSEMENT CONSENT FORM

The Northwest Kansas Educational Service Center (NKESC) will apply for and use any Medicaid benefits which my child has in order to help pay for special education and related services provided for my child. I authorize the necessary exchange of medical/educational information between Medicaid and NKESC for the purpose of processing and auditing claims. The public schools or *tiny-k* program are responsible for providing appropriate special education and related services as listed on my child's IEP/IFSP. This will not reduce my child's Medicaid or other insurance benefits in any way. I understand this permission is not necessary for my child to receive special education services.

(please print)

Student's/Child's Name: _____

Social Security Number (optional): _____ Student's Sex: M F

Medicaid ID Number: _____

Birthdate: _____

Address: _____

Phone Number: _____

School/Program: _____

Physician's Name: _____

Clinic: _____

Parent/Guardian Name: _____

Parent/Guardian Signature

Date

Please sign and return this page to your child's special education service provider.

Note to special education service provider: Please forward this form to Medicaid Coordinator, NKESC, 703 W. Second, Oakley, KS 67748.