



KANSAS CHARITABLE HEALTH CARE PROVIDER PROGRAM

Charitable Health Care Provider Agreement

For more information: <http://www.kdheks.gov/olrh/CHP.htm>

Email questions to: kdhe.primarycare@ks.gov

Kansas legislation allows indigent health care clinics and charitable health care providers to receive limited medical liability coverage under the Kansas Tort Claims Act. My signature on this agreement constitutes my intention to provide charitable health care to medically indigent patients at the health care clinic named below.

I understand that if I provide charitable health care through an indigent health care clinic or local health department, they may charge uninsured patients a reasonable fee based on patients' ability to pay, may submit claims to public or private insurance, and I may receive a fee for my services from the indigent health care clinic or local health department. Nothing in this agreement waives my right to bill insurance or an individual patient for services provided when that care is not provided as part of my participation in the Charitable Health Care Provider Program.

I understand it is my responsibility to assist the clinic in maintaining patient records for services that I provide as a charitable health care provider. The clinic through which I will provide care must:

- determine that individuals seen as part of my participation in the Charitable Health Care Provider Program are medically indigent; and
- submit an annual activity report to KDHE (KAR 28-53-1).

Health Care Provider Full Name: _____

Discipline: (MD, RN, DDS, etc.) _____ License Number: _____

Address: _____ City: _____ KS Zip: _____

Phone: _____ Email: _____

The health care provider will be providing charitable health care through the following indigent health care clinic or point of entry:

Clinic Name: _____

Address: _____ City: _____ KS Zip: _____

Primary Point of Contact: _____

Primary Contact Phone: _____ Email: _____

Health care provider employment status: Contracted Employed Volunteer

See next page for signature block.

NOTE: If an indigent health care clinic, its employee(s), or a charitable health care provider is sued by the recipient of care, they must request representation from the state in writing within 15 days after service of process or subpoena (KSA 75-6108(e)). Indigent health care clinics, their employee(s), or charitable health care providers served with a summons or petition should immediately contact the Kansas Attorney General's office at 785-296-2215.

I certify that the information provided is accurate and complete to the best of my knowledge.	
_____ Signature of Health Care Provider	_____ Date
_____ Printed Name of Health Care Provider	
_____ Janet Stanek, Secretary Kansas Department of Health and Environment	_____ Date

Return all documents to:
Charitable Health Care Provider Program
Bureau of Community Health Systems
Kansas Department of Health and Environment
1000 SW Jackson St, Ste 340
Topeka, KS 66612-1365

Phone: 785-296-3135
Fax: 785-559-4247
Email: kdhe.primarycare@ks.gov