



KANSAS CHARITABLE HEALTH CARE PROVIDER PROGRAM

Independent Provider Annual Report Calendar Year: 20

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

Email questions to: kdhe.primarycare@ks.gov

Name: _____

Address: _____

License: _____ Phone: _____ Email: _____

Kansas legislation allows independent health care providers to receive limited medical liability coverage under the Kansas Tort Claims Act for charitable services. This report must be submitted by each Charitable Health Care Provider Program (CHCP) by March 31st of each calendar year for the provider to remain eligible for the program.

Complete the following information for previous calendar year:

- YES NO Did the practice site accept new patients?
- YES NO Did the practice site accept all patients regardless of insurance status or ability to pay?
- YES NO Did the practice site accept Medicare?
- YES NO Did the practice site accept new Medicare patients?
- YES NO Did the practice site accept Medicaid/KanCare?
- YES NO Did the practice site accept new Medicaid/KanCare patients?
- YES NO Did the practice site utilize a sliding fee schedule based on income?
- YES NO Is the sliding fee schedule posted in a prominent location.

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 Authorized Clinic Representative	Date
Printed Name of Authorized Clinic Representative	

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 Email: kdhe.primarycare.ks.gov