Kansas
Department of Health and Environment
Division of Health Care Finance

P.O. Box 3599
Topeka, KS 66601-9738
Phone: 1-800-792-4884

MEDICAL SUBROGATION REFERRAL - ADOPTION

To: Office of the Fiscal Agent
TPL Department
P.O. Box 3571
Topeka, KS. 66601-3571
Fax: 785-274-5918

From: Name: _____
Location of Office: _____
Title: _____
Date: _____
Phone: _____

1. Case Number: _____

2. Birth mother's name: _____
DOB: _____ Bene ID #: _____
Address: _____
Phone: _____

3. Baby's Name: _____
Date of birth: _____ Bene ID #: _____

4. Hospital where baby was born: _____
Address of Hospital: _____

5. Adoptive Parent's Name: _____
Address: _____ Phone: _____

6. Adoption Agency: _____ Date of adoption: _____
Address: _____

7. TPL Information (Known/Suspected): _____

Purpose: This form is to be used to notify Medical Subrogation Staff that a Medicaid consumer has been adopted or is going through the adoption process. The Medical Subrogation Staff will assist in getting medical third-party liability (TPL) information from uncooperative sources such as birth mothers, adoption agencies or adoptive parents.

Instructions: Complete this form in as much detail as possible. *Attach copies of all written correspondence and case file documentation pertinent to the adoption or third-party liability as well as a narrative description of known or suspected information.*

Legal reference: State law (K.S.A. 40-2,102) provides that the benefits of every health insurance or HMO policy must cover (1) newly born children adopted by an insured from the moment of birth if a petition for adoption was filed within 31 days of birth; (2) any child adopted by an insured from the date the petition for adoption was filed; and (3) any child placed in the insured's home by a child placement agency for purposes of adoption, from the date of placement.