Kansas
Department of Health and Environment
Division of Health Care Finance

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

STATEMENT OF MEDICAL NECESSITY

Consumer's Name: _____ Case Number: _____

Date of Birth: _____ Social Security Number: _____

What is the service or item(s) being prescribed?

_____

_____

_____

What are the customary charges for this service or item(s)?

_____

What is the medical reason for the service or items(s)? (Please be specific. Include information on other treatment options which have been unsuccessful.)

_____

_____

_____

_____

What is the quantity/frequency and for what duration is the service or item(s) needed?

_____

_____

_____

Provider's Name: _____

Address: _____

Telephone Number: _____

_____ _____

Prescribing Practitioner's Signature Date

If you have any questions, please call the KanCare Clearinghouse at 1-800-792-4884 between the hours of 8:00 am to 5:00 pm Monday through Friday.