KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

CHILD PHYSICAL ABUSE FORENSIC EXAMINATION

Medical Record Number

PATIENT INFORMATION

PATIENT NAME	DATE OF BIRTH	AGE	GENDER
			☐ Male ☐ Female ☐ Transgender

AUTHORIZATION FOR BILLING

I understand that hospitals and physicians are required by law to notify the Department for Children and Families (DCF) of known or suspected child abuse or neglect. If child abuse or neglect is found or suspected, this form and any evidence will be released to DCF, Law Enforcement and/or the Prosecuting Attorney.

This form will be submitted to the Kansas Department of Health and Environment for billing purposes.

Name (Printed): _____ Relationship to patient (parent, guardian, DCF, etc.): _____

Signature: _____ Date: _____

AGENCY INFORMATION FOR ABUSE REPORTING

- ○ KS Child Abuse/Neglect Hotline (800-922-5330)
- ○ DCF (hotline previously notified)
- ○ Law Enforcement
- ◉ Other and/or not reported

NAME OF AGENCY ABUSE REPORTED TO		
	INCIDENT/REPORT NUMBER	REPORT DATE

MEDICAL PROFESSIONAL PERFORMING FORENSIC EXAMINATION

NAME OF MEDICAL PROFESSIONAL (PLEASE PRINT)	TITLE/CREDENTIALS		
SIGNATURE	**DATE**	**FEDERAL TAX ID NUMBER**	**CARE ID NUMBER**

BILLING INSTRUCTIONS

Kansas Department of Health and Environment (KDHE) is the first payer for all forensic examinations performed on children under the age of six (6) who are suspected of being the victim of physical abuse or neglect. KDHE will only pay for the professional charges incurred from performing the forensic exam or the record review of the forensic exam. Charges such as medical procedures, facility fees, supplies or laboratory/radiology test are not eligible for reimbursement and should be billed to the patient or their insurance carrier. All claims must be received by KDHE within ninety (90) days of the date of the forensic exam. In order to receive payment, submit this completed form to **kdhe.ChildrenandFamilies@ks.gov**. W-9 or UEI must be submitted with the first invoice from each facility or medical entity (only one W-9 or UEI is required if multiple CARE providers see patients from the same medical facility).

BILLING CONTACT PERSON (PLEASE PRINT)	TITLE	PHONE NUMBER