

**Physician's Order/Authorization/Prescription
Medicaid Billing
(District/Interlocal/Coop Name)**

Student Name _____
DOB _____
State Student ID# _____

The student named above qualifies to receive one or more of the following services as specified in his/her Individual Education Plan (IEP).

- Audiology
- Nursing Services
- Speech/Language Therapy
- Occupational Therapy
- Physical Therapy
- Social Work Services/Counseling

As a Local Education Agency (LEA), we may seek reimbursement from Kansas Medicaid for services the student receives as listed above. However, the LEA must first obtain an order/authorization of a physician, doctor of osteopathic medicine, naturopath, physician's assistant, or nurse practitioner.

Your signature indicates that you recommend and authorize medical services provided by an employee provider or contracted provider for this LEA in accordance with the programs, methods, settings, frequency and intensity of services indicated in the student's IEP.

Health Care Provider – Printed Name

Date

Health Care Provider Signature

Credentials and NPI Number

(Please note: This sample contains the necessary data elements per KMAP for the 7/19/17 LEA Manual update. Per KMAP - services should be selected and it is asked that frequency should be indicated.)