

MEDICAL SUBROGATION REFERRAL - ADOPTION

From: _____ Region: _____ Title: _____
 To: Office of the Fiscal Agent Date: _____
 TPL Department
 P.O. Box 3571 Phone: _____
 Topeka, KS 66601-3571
 Fax: 785-274-5918

1. Case Number: _____
2. Natural Mother Name: _____
 Address: _____
 Phone Number: _____ Medical ID Number: _____
3. Baby's Name: _____
 Medical ID Number: _____
4. Hospital Where Baby Was Born: _____
 Address: _____
5. Adoptive Parent's Name: _____
 Address: _____ Phone: _____
6. Date of Adoption: _____
7. Adoption Agency: _____
 Address: _____
8. 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.