

## MEDICAL SUBROGATION REFERRAL - ADOPTION

From: \_\_\_\_\_ Region: \_\_\_\_\_ Title: \_\_\_\_\_  
 To: Medical Subrogation Date: \_\_\_\_\_  
 6021 SW 29th Street  
 Suite A, #373 Phone: \_\_\_\_\_  
 Topeka, KS. 66614  
 Contact Person: Nikki Dillon  
 Email: [KSMEDSUB@HMS.COM](mailto:KSMEDSUB@HMS.COM)  
 785-271-0033; Fax: 785-271-9318

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 request assistance from the Medical Subrogation staff in getting medical third party liability (TPL) information from uncooperative sources such as birth mothers, adoption agencies or adoptive parents when a Medicaid consumer is adopted.

**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.

**Questions:** Contact Medical Subrogation Unit at (785) 271-0033.