



This form, with the supporting documentation, must be faxed after the application has been submitted.

Patient Name: _____ SS# _____

Required Documentation:

1. Signed and dated Participant Agreement (MoKP Form 107A). This page gives MoKP authority to handle issues that may arise with Medicare, MoHealthNet, Private Insurance, etc.
2. Copy of Medicare card and Medicare Prescription Drug Plan card (Part D)
3. Copy of front and back of Commercial Insurance Card (Medicare Supplement/Medigap; Employer Group Health; Private/Personal; and/or Medicare Advantage). If policy includes prescription drug coverage, then the Notice of Creditable Coverage must also be included.

Other Documentation, if applicable to the requested benefit:

1. If requesting assistance with routine medications and/or immunosuppressants, then MoKP requires the Prescription Order Form (MoKP Form 103) and Consent for Medicare Part D Enrollment (MoKP Form 117) be completed and sent to MoKP. Please send the Prescription Order Form directly to Kilgore's Medical Pharmacy as indicated on the form.
2. If requesting transportation reimbursement, then MoKP requires either the Mileage and Public Transportation Request Form (MoKP Form 115) or the Vendor Transportation Request Form (MoKP Form 115a) be sent to MoKP.
3. When the applicant does not qualify for MoHealthNet, receives Blind Pension, or has a MoHealthNet SpendDown over \$1,200, then we require Income and Assets Information with supporting documentation (MoKP Form 107).

Your on-line application will be processed in a timely manner upon receipt of this form and the supporting documentation.

Applications will not be approved until all supporting documentation is received.

Submitted by: _____
Print Social Worker Name

Facility Name: _____

MoKP Fax # 573-882-0167