

Voucher for Interim Pharmacy and Medical Services for Foster Children

Dear Pharmacist or Physician:

This voucher is to be used in cases when health care services are needed by a child in foster care for whom a Medical Services Card has not yet been issued. Children are often placed in foster care during non-business hours when Services Cards cannot be issued or coverage verified. Please do not withhold medically necessary health care services based on the lack of a Medical Services Card for a foster child.

Please use this voucher when medically necessary health care services are needed by a child in foster care for whom a Medical Services Card has not yet been issued. The billing, coverage, and reimbursement policies applicable to health care services provided to children with Medical Services Cards in categorically needy fee for service Medicaid programs will apply to services you provide to a foster child in reliance on this voucher.

- **Pharmacy providers, please check your Medicaid list of covered drugs to verify product NDC coverage.**
- **Please FAX to "Foster Care Medicaid Team" at (360) 725-1158. They will FAX back the child's Provider One Eligibility number within 5 business days (Monday - Friday, 8:00 a.m. - 5:00 p.m.) with which you can retro-bill.**
- **If you have not received the patient's Provider One Eligibility number via fax in five business days please call the Foster Care Medicaid Team at 1-800-562-3022, extension number 15480. If they are not able to provide a sufficient answer, please call Sylvia Soto, Foster Care Program Manager at (360) 725-1517. Pharmacists can call Jeff Rochon and Jenny Arnold at the Washington State Pharmacy Association: (425) 228-7171.**

Social worker's name:

Social worker's telephone number:

ProviderOne eligibility number:

Date of eligibility:

Child's name:

Child's date of birth:

Gender: Male Female

Date of service:

Foster parent's name:

Address:

City, zip code, telephone number (include area code):

Physician or pharmacy name:

Address:

City, zip code, telephone number (include area code):

Medical provider's fax number (include area code):

Medical provider contact name: