

The Kansas Health Care Stabilization Fund

HELPFUL INFORMATION FOR COMPLETING AND SUBMITTING THE HEALTH CARE STABILIZATION FUND REFUND REQUEST FORM

IMPORTANT

Information, guidelines and other explanations of the Health Care Provider Insurance Availability Act, K.S.A. 40- 3401 et. seq, provided in this brochure are intended to assist insurers and others in gaining a general non-technical understanding of only certain portions of the Fund law. This brochure and its contents are not intended to alter or replace the statutory requirements or any court decision regarding the Fund law or the administration of any of the requirements of that law.

The refund request form on page 2 is self explanatory. We are furnishing the following suggestions and information which may be of assistance when you are seeking a return or refund of Health Care Stabilization Fund surcharge payments due to overpayment, a mid-coverage period cancellation or termination, lower rating classification change or other situation for which you believe you may be eligible to receive a surcharge refund.

- Surcharge payments are considered to be those of the individual health care provider. If you are not the individual health care provider but are seeking the return or refund of a surcharge amount, you must complete the information in the box at the bottom of the form.
- We need the federal taxpayer identification number or social security number of the person that will be the payee on the refund check. If this information is not provided our accounting personnel may need to call you for this information and your refund may be delayed.
- The State of Kansas does withhold any refund amount if other amounts are owed to the State of Kansas. This is the policy of the State of Kansas, not the Health Care Stabilization Fund.
- Often we will receive a refund request before we have received the coverage documentation and original surcharge payment. In many situations, such as a termination or rating classification change, we need to have the additional documentation submitted to us by the insurance company. When we are aware of situations that will delay the refund, we will try to advise you that there is a problem and what action we have taken to resolve that problem.
- After being received in our office, refunds are processed in about three weeks IF the form is properly completed and IF we have all of the supporting documents. (Supporting documents can include: the original coverage document and surcharge payment; a mid-term termination or cancellation notice from the insurance company; a rate classification change document from the insurance company; or, a corrected Notice of Basic Coverage Form from the insurance company.)
- Refund requests without the above information may take several additional weeks. We will try to obtain the needed material in a timely manner.

If You Have Questions or Need Additional Assistance: Please contact the Fund office for any additional assistance you may feel is needed.



FACSIMILE
785-291-3550

E-MAIL
hcsf@ink.org



TELEPHONE
785-291-3777



MAIL
Health Care Stabilization Fund
300 SW 8th Ave, 2nd Floor
Topeka, KS 66603-3912



