



One Pershing Square  
2301 Main  
P.O. Box 419169  
Kansas City, MO 64141-6169  
Telephone: 816-395-2792  
Fax: 816-395-2156  
[www.bluekc.com](http://www.bluekc.com)

### Request for Medical Equipment or Related Item(s)

**Please complete this form and submit a copy of the invoice for medical equipment or item(s) and tax ID number from the manufacturer.**

Mail: The Caring Program for Children  
Blue Cross and Blue Shield of Kansas City  
Laura Palermo, Community Relations Coordinator  
2301 Main Street, Kansas City, MO 64108  
Fax: 816-395-2156  
Email: [laura.palermo@bluekc.com](mailto:laura.palermo@bluekc.com)  
Phone: 816-395-2792

#### Part I: Information About the Child

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and Zip: \_\_\_\_\_  
County: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

Has the child received assistance from The Caring Program for Children before? (*Mark one*) Yes  No   
If yes, please describe the assistance received: \_\_\_\_\_

Does the child have private insurance? (*Mark one*) Yes  No   
If yes, please list the insurance company and policy number: \_\_\_\_\_  
Reason given for denial of coverage: \_\_\_\_\_

#### Part II: Information About the Agency

Requesting agency: \_\_\_\_\_  
Contact name and title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State and Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

#### Part III: Information About the Equipment/Item(s)

Date of request: \_\_\_\_\_  
Equipment/item(s) requested: \_\_\_\_\_  
Cost of equipment/item(s): \_\_\_\_\_  
Reason requested: \_\_\_\_\_