



# Kīpuka o ke Ola

PO Box 818, Kamuela, HI 96743  
Office: 808-885-5900 FAX 808-885-6900



## Client Request for Reinstatement of Services

If you have previously received services from one or more of our panel of providers at KOKO, and services were terminated (either by yourself or by the Provider), and you wish to be considered for reinstatement of services, then please fill-out the application form below and mail to our Medical Case Manager at PO Box 818, Kamuela, HI 96743.

The application form will be reviewed within two business weeks by our Clinical Case Review Team (made up of at least 3 KOKO Providers, with at least one of these Provider members drawn from the KOKO Agency Management Team). You will then be called with the final determination (either acceptance or nonacceptance).

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Provider(s) Seen Previously at KOKO: \_\_\_\_\_

Reason You Believe You Should Have Your Services reinstated at KOKO:

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Contact Phone Number and Email: \_\_\_\_\_