



## Kansas Medical Assistance Program

P.O. Box 3571  
Topeka, KS 66601-3571

Provider Line: 1-800-933-6593  
Consumer Line: 1-800-766-9012

*From the office of the Fiscal Agent*

### National Provider Identifier Update Form

Please provide the following information when notifying KMAP of your NPI number. One NPI Update form per KMAP ID please.

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

KMAP ID: \_\_\_\_\_

FEIN/SSN: \_\_\_\_\_

NPI: \_\_\_\_\_

Taxonomy: \_\_\_\_\_

Please be sure to attach a copy of the National Plan and Provider Enumeration System (NPPES) confirmation letter or confirmation email. This letter must have a handsigned signature below.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail this form and your registration confirmation to:

Nursing Facility Provider Enrollment  
Kansas Department on Aging  
503 S Kansas Ave.  
Topeka, KS 66603