



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