

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 and Enrollment Type 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: _____

Enrollment Type (new enrollments and CHOWs must select one):

Enrolling in Medicare First Enrolling only in KS Medicaid Enrolling in Medicare and KS Medicaid Simultaneously

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

Print name: _____

Signature: _____

Date: _____

Please email this form and confirmation letter or email to:

Nursing Facility Provider Enrollment
Kansas Department of Aging and Disability Services
kdads.providerassessment@ks.gov
503 S Kansas Ave.
Topeka, KS 66603