



Kansas Medical Assistance Program
P O Box 3571
Topeka, KS 66601-3571
Provider 1-800-933-6593
Beneficiary 1-800-766-9012

Behavioral Interventions Attestation

Section I: Instructions

Complete the information in Sections II and III. Sign and return by mail to the Kansas Medical Assistance Program, PO Box 3571, Topeka, Kansas 66601-3571.

Section II: Provider Information

FACILITY/GROUP NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

COUNTY

TELEPHONE NUMBER

FAX NUMBER

EMAIL ADDRESS

Section III: Attestation

I attest that the facility/group will only bill for Behavioral Interventions services if the employee performing the service has met the provider qualifications as outlined in Section 8400 of the KMAP ***Professional Fee-for-Service Provider Manual***.

Signature of Authorized Facility/Group Designee

Printed Name and Title

Date