



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

NATIONAL PROVIDER IDENTIFIER UPDATE

Provide the following information when notifying KMAP of your NPI number.
Only one form for each KMAP identification number.

Name _____

KMAP ID _____

FEIN/SSN _____

NPI _____

Taxonomy _____

Attach a copy of the National Plan and Provider Enumeration System (NPPES) confirmation letter or confirmation email with this completed form.
This form must have an original, hand signed signature.

Printed name _____

Original signature _____ **Date** _____

MAIL
Provider Enrollment
PO Box 3571
Topeka, KS 66601

FAX
785-266-6112

For further information regarding this process, contact Provider Enrollment at 1-800-933-6593, option 3.