



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

KMAP Provider Update

It is very important for providers to keep their KMAP files updated with current information.

KMAP ADDRESS UPATE	Effective date
DOING BUSINESS AS	
Street address	City, state, ZIP+4
Phone number	Fax number
MAIL TO	
Street address	City, state, ZIP+4
Phone number	Fax number
PAY TO	
Street address	City, state, ZIP+4
Phone number	Fax number
INFORMATION MAIL TO	
Street address	City, state, ZIP+4
Phone number	Fax number
REMIT TO	
Street address	City, state, ZIP+4
Phone number	Fax number
Email address	
REQUIRED INFORMATION	
Provider ID	Tax ID
Contact name	Phone number
Authorized signature	Date

Send the completed form to the **Provider Enrollment** department.
 Mail: PO Box 3571, Topeka, Kansas 66601-3571 Fax number: 785.266.6112
 Email: Kansas-Provider-Enrollment@dxc.com
 For questions, contact the Provider Enrollment department at 1.800.933.6593.