



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

Screening, Brief Intervention, and Referral to Treatment (SBIRT) Facility Attestation

Section I: Instructions				
Complete the information in Sections II and III. Sign and return by mail to Kansas Medical Assistance Program, PO Box 3571, Topeka, Kansas 66601.				
Section II: Provider Information				
FACILITY NAME				
STREET ADDRESS		CITY	STATE	ZIP CODE
COUNTY	TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	
Section III: Attestation				
I attest that this facility will only bill for SBIRT services if the employee performing the service has met the training and certification requirements as outlined in Section 8400 of the KMAP Professional Fee-for-Service Provider Manual .				
Signature of Physician/Designee		Printed Name and Title	Date	