



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

Provider TPL Insurance Information Update

Contact information*		
Name	Phone number or email	Fax number

*This is the person who should be contacted if there are questions related to this request.

Insurance policy information		
Policyholder name	Policyholder SSN	Policyholder date of birth
Carrier name	Carrier phone number	Carrier city and state
Policy number	Group number	Add new, update, or delete
Coverage(s)*	Policy effective date	Policy termination date

*Such as medical, dental, Rx.

KMAP beneficiary information		
Beneficiary ID (BID)	Name	Relationship to policyholder

Additional comments

Send the completed form (and a copy of the insurance card, if available) to the **TPL department**.
 Mail: PO Box 3571, Topeka, Kansas 66601
 Fax number: 785.274.5918
 Email: KSXIX-TPL-Request@dxc.com

Facsimile or electronic transmission and attachments, if applicable, contain protected health information (PHI). This information is intended only for the use of the individual or entity named in this transmission sheet. Any unintended recipient is hereby notified that the information is privileged and confidential and any use, disclosure, or reproduction of this information is prohibited. If you receive this communication in error, notify the contact indicated above.