



**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.

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

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](mailto:Kansas-Provider-Enrollment@dxc.com)  
 For questions, contact the Provider Enrollment department at 1.800.933.6593.