Dentist Group
Provider Type 61
907 KAR 1:026

Information about the program:

- Provider must be an entity.
- Out-of-state providers can enroll.

Information to be submitted by the provider for application processing:

- Map-811(Enrollment)
- Map-811 Addendum E and verification of bank account/routing number such as voided check or bank letter if provider chooses to enroll in direct deposit
- Map-347 for all Dentists within the group. (Individual provider number (60) must be active in order to join a group.
- CLIA Certificate (if applicable)
- IRS letter of verification of FEIN or Official IRS documentation stating FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted.
- NPI and Taxonomy Code Verification

Important addresses:

KY Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602