

**Renal Dialysis Clinic**  
**Provider Type 39**  
**[907 KAR 1:400](#)**

Provider must be actively enrolled with Medicare at the Primary Practice Location listed on the MAP-811 application.

**Information about the program:**

- Out-of-state providers may enroll
- Forms must be signed by authorized personnel
- Providers must have a permanent physical address/location
- In-state providers must contact the [Office of Inspector General \(OIG\)](#) for KY licensing information

**Application Information and Supporting Documentation required for processing:**

- [Map-811 \(Enrollment\) application](#)
- [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
- Renal Dialysis Clinic license (current and reflecting requested enrollment date)
- 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](#)
- Application Fee - per [42 CFR 455.460](#) - Please make check payable to the [KY State Treasurer](#) and submit the current application at the time of enrollment. For information regarding the current application fee, please refer to the DMS Provider Enrollment Revalidation Page at <http://www.chfs.ky.gov/dms/provEnr/Revalidation.htm#fee>. If you have already paid an application fee to Medicare or another state's Medicaid agency, please provide proof of payment

**Submit the completed MAP-811 (Enrollment) application and supporting documentation to:**

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

**Important address:**

For Licensure, contact:  
Office of Inspector General  
275 East Main Street  
Frankfort, KY 40621  
Phone: 502-564-7963