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**CABINET FOR HEALTH AND FAMILY SERVICES**  
DEPARTMENT FOR MEDICAID SERVICES  
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JAMES W. HOLSINGER, JR., M.D.  
SECRETARY

May 13, 2004

**Direct Deposit Enrollment**

General Provider Letter #A-63

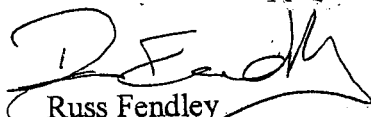
Dear Provider:

The Kentucky Department for Medicaid Services is proud to announce our new direct deposit system for Medicaid Provider payments. Direct deposit will guarantee the timely availability of funds and eliminate the possibility of lost payments, ensuring that providers receive payments faster and more efficiently.

Beginning October of 2004, you will receive the required form (MAP-811 Addendum E) with the Annual Disclosure of Ownership (ADO). You are required to complete and return this form within sixty (60) days of receipt. Once these forms are processed, your Medicaid payments will be directly deposited. If your financial institution information changes at any time during the year, you will be required to notify the Department, using this same form, immediately.

You may obtain this form online at [www.kymmis.com](http://www.kymmis.com). If you have questions, please contact Unisys Corporation at 877-838-5085. A provider enrollment specialist will be available to assist you between the hours of 8:00 AM and 6:00 PM, EST, Monday through Friday.

Sincerely,

  
Russ Fendley  
Commissioner