

Chiropractor Provider
Type 85
907 KAR 3:125

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

Information about the program:

- All Chiropractor providers must be licensed by the state where they practice. The licensing authority for Kentucky is the [Kentucky Board of Chiropractic Examiners](#)
- Out-of-state providers may enroll

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
- [Map-347](#) (if working in a group setting)
- Copy of social security card- No other forms of verification will be accepted. If applicant has a social security card stating “valid for work only” with DHS/INS Authorization, please refer to additional requirements by clicking on the following link: [DHS/INS Documentation](#). Social security cards with moniker “not valid for employment” will not be accepted
- If applicant is sole owner of tax id, submit an 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
- Chiropractor license (current and reflecting requested enrollment date)
- [Clinical Laboratory Improvement Amendments \(CLIA\) license](#) (if applicable)
- Be at least 21 years of age
- [NPI and Taxonomy Code Verification](#)

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:
[Kentucky Board of Chiropractic Examiners](#)
P.O. Box 183
Glasgow, KY 42142-0183
Phone: 270-651-2522