

**COMMONWEALTH OF KENTUCKY
KENTUCKY MEDICAID PROGRAM
PROVIDER REQUEST TO UPDATE NPI, TAXONOMY OR BOTH**

Provider First Name:_____ Provider Last Name_____

OR

Provider Entity/Group Name: _____

NPI:_____ Medicaid Provider Number:_____

NPI to add (if applicable): _____*

Contact: Phone: _____

Email:_____

Name: _____

Primary Taxonomy Code to add (if applicable)_____ : Effective Date: _____*

NOTE: THIS WILL BE ADDED AS YOUR PRIMARY TAXONOMY

Additional Taxonomy Code to add (if applicable): _____ Effective Date:_____*

* Please note beginning November 1, 2016, any modification of your NPI, taxonomy or both (whether adding, updating or changing), **the effective date** will be the day it is received by DMS or a future/prospective date requested by the provider

NPI Code to **END Date**:_____ Effective Date: _____(If applicable)

Taxonomy Code to **END Date**: _____ Effective Date: _____(If applicable)

By signing this document, you are authorizing the Kentucky Department for Medicaid Services to update your NPI, taxonomy code (or both).

Signature:_____ Date:_____

MUST BE SIGNED BY THE INDIVIDUAL PROVIDER OR ANY OWNER (OR IF NO OWNER, AN OFFICER OR BOARD MEMBER) OF AN ENTITY/GROUP.

SEND THIS FORM WITH A COPY OF THE NPI/TAXONOMY VERIFICATION VIA:

Email to Program.Integrity@ky.gov or Fax: 502-564-2908
or Mail: Kentucky Medicaid, P.O. Box 2110, Frankfort, KY 40602-2110
For questions, please call (877) 838-5085

(Rev. 10/16)