

**Hearing Aid Dealer
Provider Type 50
[907 KAR 1:039](#)**

Information about the program:

- Provider can only be an individual
- Out-of-state providers may enroll`
- Dealer must sign all forms
- Provider must have a permanent physical address/location

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)
- License for Specializing in Hearing Instruments (current and reflecting requested enrollment date)
- **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](#). A Social Security Card with moniker “not valid for employment” will not be accepted
- If applicant is sole owner of a tax id, will need to submit 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](#)

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
[KY Licensing Board for Specialist in Hearing Instruments](#)
PO Box 1360
Frankfort, KY 40602
Phone: 502-696-5836