

**Optometrist
Provider Type 77
[907 KAR 1:038](#)**

Information about the program:

- Provider can only be an individual.
- All Optometrist providers must be licensed by the state in which they practice. The licensing authority for Kentucky is the Kentucky Board of Optometric Examiners.
- Out-of-state providers may enroll.
- Optometrist must sign all forms.
- Provider must have “bricks & mortar”

Information to be submitted by the provider for application processing:

- [Map-811\(Enrollment\)](#)
- [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)
- Optometrist license (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](#). Social security cards with moniker “not valid for employment” will not be accepted.
- If applicant is sole owner of a tax id, 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](#)

Important addresses:

- KY Board of Optometric Examiners
163 West Short Street Suite 550
Lexington, KY 40507
<http://www.optometry.ky.gov>
- KY Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602