

**Optician**  
**Provider Type 52**  
**907 KAR 1:672**

**Information about the program:**

- Provider can only be an individual
- Out-of-state providers may enroll
- Provider must have a permanent physical address/location
- Provider must have an on-site inspection upon request

**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 of Ophthalmic Dispensers/Optician (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 addresses:**

For Licensure, contact  
[KY Board of Ophthalmic Dispensers](#)  
911 Leawood Drive  
Frankfort, KY 40601  
Phone: 502-782-8808