

**Family Planning
Provider Type 32
[907 KAR 1:434](#)**

Information about the program:

- Provider must have a permanent physical address/location
- Provider can only be an entity - NO INDIVIDUALS

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
- 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
- Need applicable licenses for the following referenced professionals:
 - An Administrative Director
 - A minimum of one Physician
 - A minimum of one Registered Nurse
- [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