

FORM 6 CBIS PROVIDER ENROLLEMENT FORM
INSTRUCTIONS

Page 1 of _____		FORM 6 Revised 6/07	
FIRST STEPS CBIS PROVIDER ENROLLMENT FORM		PROVIDER ID # _____	
<input type="checkbox"/> New	<input type="checkbox"/> Contract Renewal	FS OFFICE USE ONLY Program Consultant(s) _____ DATE: _____	
<input type="checkbox"/> Addendum *Indicate (A) Add, (D) Delete			
SECTION 1: BILLING INFORMATION			
1. Business Name		2. Federal Tax ID/Soc. Sec. #	3. NPI
4. Street Address Line 1			
5. Street Address Line 2			
6. City	7. State	8. Zip	9. First Steps Contract Administrator: Name: _____ Email: _____
10. Telephone		11. Fax	12. Billing Contact Person (If Different from Administrator): Name: _____ Email: _____
13. Tax Status: (Circle One): A. Individual B. Sole Proprietorship C. Partnership D. Estate/Trust E. Corporation F. Public Service Corporation (PSC) G. Government/Non-Profit		14. District(s) Served:	

Section 1. Billing Information

1. Business Name: This should be the name of the business/individual listed as the provider on page 1 of Form 5; Provider Agreement.
2. Federal Tax ID #/Social Security #: The Internal Revenue Service requires that we have a Tax Identification Number on file for any company or individual we pay. Your Tax Identification Number is a Federal Employer Identification Number or a U.S. Social Security Number.
3. NPI: This is the National Provider Identifier (NPI) assigned by the National Plan and Provider Enumeration System (NPPES). The NPI of the Billing Entity/ Organization should be entered here. If an individual provider is enrolling, this will be the individual's NPI. If an agency/organization is enrolling, this will be the agency's NPI (and the individual NPI's for agency employees will be listed below). Effective July 1, 2007: 1) new agency enrollment applications will not be accepted without an agency/organization NPI listed and an individual NPI listed for all agency employees that are being enrolled, and 2) individual provider enrollment applications will not be accepted without an individual NPI listed for the applying individual. If the agency or one or more individual providers on the application has been denied an NPI by the NPPES, write DENIED in the appropriate NPI box and attach the letter of denial from the NPPES to the enrollment application. For instructions for obtaining an NPI and/or an application, visit: <https://nppes.cms.hhs.gov/NPPES/Welcome.do>
- 4-8. Address (Street Address, City, State, and Zip): Enter your complete mailing address. This is the address to which all First Steps related correspondence, including checks, will be sent.
9. First Steps Contract Administrator: DO NOT LEAVE BLANK. This is the name and e-mail address of the person to contact for information concerning providers.
10. Telephone: DO NOT LEAVE BLANK. List the phone number for the contact person in #9.
11. Fax: List the fax number for the contact person in #9.
12. Name and E-Mail Address of Billing Contact Person: DO NOT LEAVE BLANK is different from person listed in #9. In the event CBIS has questions regarding billing, this is the person that will be contacted. It does not necessarily have to be the authorized provider or the contact person named on Form 5 Provider Agreement or in #9 on this form. List an e-mail address that can be used to direct CBIS inquires or correspondence to the billing contact person.
13. Tax Status: Circle one to indicate your tax status.
14. District(s) Served: DO NOT LEAVE BLANK. List district(s) in which counties served are located.

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INSTRUCTIONS

Section 2: Sources of Alternate Funding

SECTION 2: SOURCES OF ALTERNATE FUNDING	
SOURCE	AMOUNT

Please indicate any additional sources you currently have to provide services to KEIS eligible children. NOTE: This information will not be used in any way to deny payment of KEIS eligible services. This information is simply to provide KEIS with an understanding of how much funding is adequate to meet the early intervention needs of children in Kentucky.

List sources of alternative funding. See definition to the right of the box. If you have no other source of funding for First Steps related services, write none in the box.

Section 3: Service Provider(s) and Discipline(s)

Enter "SE" Beside Name to Identify Active or Retired State Employee							FS OFFICE USE ONLY
*A/D	Service Provider(s)	Social Security #	Individual NPI	Discipline Code	License #	County(ies) to be Served	Training

Columns

***A/D :**

New Providers: Leave Blank

Contract Renewals: Leave Blank

Addendum:

Enter "A" if adding an individual to your existing FS provider agreement.

Enter "D" if deleting an individual from your existing FS provider agreement.

SERVICE PROVIDER(S):

Enter the individual's name. If he/she is a licensed or registered provider, list the name as it appears on the license or registration.

New Provider/Contract Renewal: Enter the name of each individual that will provide First Steps services under this agreement. *If the individual is an active or retired state employee, enter the code SE beside his/her name.*

Addendum: Enter the name of each individual for which you are submitting a change (add, name change, etc.). *If the individual is an active or retired state employee, enter the code SE beside his/her name.*

SOCIAL SECURITY #:

DO NOT LEAVE BLANK. Enter the social security number for each individual listed.

INDIVIDUAL NPI:

DO NOT LEAVE BLANK. Enter the National Provider Identifier (NPI) assigned to the individual service provider by the National Plan and Provider Enumeration System (NPPES). *See the instructions for Box #3 above for additional information.*

DISCIPLINE CODE:

Refer to Form 9: Codes of Disciplines. Enter the appropriate two-digit discipline code for each professional discipline for which the individual listed will provide services and bill First Steps. In order to be a provider, each individual must meet the requirements for that discipline as specified in 911 KAR 2:150.

LICENSE #:

In addition to recording the license number in the space provided, legible copies of professional license(s) and/or certificate(s) must be sent for each individual listed.

COUNTY(IES) BEING SERVED:

List each county in which the individual will provide FS Services.