

**Acquired Brain Injury  
Provider Type 17  
[907 KAR 3:090](#)**

**Information about the program:**

- Provider must have a permanent physical address/location
- Out-of-state providers may not enroll
- 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
- [Map-4100](#)
- Acquired Brain Injury Certification Letter
- 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