

Chiropractor GROUP
Provider Type 859
907 KAR 3:125

Provider must be actively enrolled with Medicare at the Primary Practice Location listed on the MAP-811 application.

Information about the program:

- Provider must be an entity.
- Out-of-state providers can enroll.

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](#) for all Chiropractors within the group. ([Individual provider number \(85\)](#) **must** be active in order to join a group)
- [Clinical Laboratory Improvement Amendments \(CLIA\) license](#) (if applicable)
- 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