

KENPAC PROVIDER CHANGE OF INFORMATION FORM

This form is used to change or update the following information about your active KenPAC provider site:

- Address or 24-hour phone number change
(Note: The Department for Medicaid Services and your KenPAC patients must be notified 30 days prior to your moving the KenPAC site to a new location.)
- All changes that are a result of a change of ownership must be submitted on a new KenPAC application form.

Please complete the form and mail or fax to:

Kentucky Medicaid,
P.O. Box 2110,
Frankfort, KY 40602-2110
Phone (877) 838-5085
Fax (502) 564-3232

KenPAC Provider Name

_____, _____, _____
KenPAC Provider ID Number NPI (National Provider Identifier) Site Number

Must be completed in order to process the request

ADDRESS OF 24-HOUR TELEPHONE NUMBER CHANGE

KenPAC Provider Name _____

Site Address _____

City _____

State _____ Zip Code _____

Office Telephone Number _____

24-Hour Telephone Number _____

Include area code

Signed _____

Date _____

Title _____

Photocopy this form for additional changes.