



**Provider Information Update Sheet**

To assure accurate and timely changes to our provider records, **Kansas Health Solutions** must receive prompt written notification of any additions, deletions, or changes (including the effective dates) related to any of the following:

PROVIDER/AGENCY NAME: \_\_\_\_\_

Practitioner Name Change:	Current:	New:	Effective Date:
ADDRESS CHANGE: (Please check the appropriate box.) <input type="checkbox"/> Physical Address: (Attach KHS Site & Service Form) <input type="checkbox"/> Mailing Address: <input type="checkbox"/> Billing Address: <input type="checkbox"/> Tax Address: <input type="checkbox"/> E-mail Address:	Current:	New:	Effective Date:
Attach KMAP Letter for each group Provider Location (if applicable.)	N/A:	N/A:	Effective Date:
Attach KMAP Letter for each Individual Practitioner at Address Location. (Required)	N/A:	N/A:	Effective Date:
TELEPHONE NUMBER(S):	Current:	New:	Effective Date:
CHANGES OR ADDITIONS TO KHS CONTRACTED PROGRAMS:	Current:	New:	Effective Date:
CHANGES OR ADDITIONAL NPI NUMBERS:	Current:	New:	Effective Date:
DELETIONS TO KHS CONTRACTED PROGRAMS:	Current:	N/A:	Effective Date:
DELETIONS of CLINICAL STAFF:	Current:	N/A:	Effective Date:
License Changes: (i.e. – TLMLP to LMLP)	Current:	New:	Effective Date:
CLINICAL SUBSPECIALITIES: (Including Home Based Family Therapy date when practitioner plans to have training completed)	Current:	New:	Effective Date:
HOSPITAL WHERE ADMITTING PRIVILEGES HELD (Physicians only):	Current:	New:	Effective Date:
ANY LEGAL ACTION AGAINST THE PRACTITIONER OR PROGRAM:		Please attach information.	Effective Date:

Signature of Officer or owner: \_\_\_\_\_ Date: \_\_\_\_\_

All changes should be mailed to:

Provider Network Development  
Kansas Health Solutions  
PO Box 1979  
Topeka, KS 66603

Or faxed to Jennifer Quall:

1-785-232-2610