



PO Box 1979
Topeka, KS 66603

Check-List of Returned Documents to KHS

<u>Document</u>	<u>Enrolled Provider</u>	<u>KHS Staff to Complete</u>
Provider Agreement – Return one per group OR individual		
W-9 form to verify Federal Tax Identification Number		
Attachment C - Provider Site and Service Profile – one per location of service		
Attachment E – Participation in PRTF Screening Program		
Credentialing Application – ONE PER PRACTITIONER with attachments as stated in the cover letter; Attach KMAP Welcome letter, which includes KMAP ID Number, NPI Number and Provider Taxonomy Number		
Provider Information Sheet		
Request for Provider Connect User Access Form		

Please return this check-list with the completed documents to:

Kansas Health Solutions
Provider Enrollment/Care Management Services
PO Box 1979
Topeka, KS 66603