



220 Burnham Street • South Windsor, CT 06074
 Vox 888-255-7293 • Fax 860-289-0055

**KANSAS MEDICAID
 DENTAL ELECTRONIC CLAIMS ENROLLMENT REGISTRATION**

PAYER ID NUMBER	CKKS1				
ELECTRONIC REGISTRATIONS Agreements Required	<p>Additional enrollment not required, however providers must register their NPI with Kansas Medicaid.</p> <p>To validate which NPIs are on file, providers can call KMAP Provider Enrollment at the number listed below.</p> <p>Any updated requests must be sent on official letterhead along with the KMAP provider ID by fax to 785-267-7687 or by mail to the following address:</p> <p>KMAP Provider Enrollment P.O. Box 3571 Topeka, Kansas 66601</p>				
CONTACT PHONE NUMBERS	<table border="0"> <tr> <td>Emdeon Business Services</td> <td align="right">888-255-7293</td> </tr> <tr> <td>Kansas Medicaid Provider Enrollment</td> <td align="right">800-933-6593</td> </tr> </table>	Emdeon Business Services	888-255-7293	Kansas Medicaid Provider Enrollment	800-933-6593
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