

KY Medicaid Provider Enrollment  
PO Box 2110  
Frankfort, KY 40602

RE: Medicaid # request

To Whom It May Concern:

We are requesting the KY Medicaid # for the below Physician.

Physician Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

NPI #: \_\_\_\_\_

SS #: \_\_\_\_\_

Please do not hesitate to contact me at (866) 472-5816 ext. 308.

Sincerely,

Tammy Schroeder  
Billing Supervisor  
MESA  
Fax (859) 335-9072