POINT OF CONTACT INFORMATION

Please list the point of contact for each section below as applicable and return with the signed Kansas Statewide Farmworker Health Program (KSFHP) Provider Agreement. Both documents can be emailed to kdhe.ksfhp@ks.gov or faxed to (785)559-4278. They can also be mailed to KSFHP, 1000 SW Jackson Ste 340, Topeka, KS 66612. A fillable form can be requested via email and can also be found at www.ksfhp.org. Please update this information as needed. Call (785)296-6028 or email with any questions.

Hospital/
Clinic Name _____ Tax ID _____

BILLING

Name _____ Role/Title _____

Phone _____ Fax _____ Email _____

Name _____ Role/Title _____

Phone _____ Fax _____ Email _____

CONTRACTS

Name _____ Role/Title _____

Phone _____ Fax _____ Email _____

CREDENTIALING

Name _____ Role/Title _____

Phone _____ Fax _____ Email _____

MEDICAL (CLINICAL) DATA

Name _____ Role/Title _____

Phone _____ Fax _____ Email _____

REFERRALS AND PRIOR AUTHORIZATIONS

Name _____ Role/Title _____

Phone _____ Fax _____ Email _____