



**Kansas Medical Assistance Program**  
 P O Box 3571  
 Topeka, KS 66601-3571  
 Provider 1-800-933-6593  
 Beneficiary 1-800-766-9012

## Beneficiary Insurance Premium Payment Assistance

Contact information		
<b>Name</b>	<b>Home phone number</b>	<b>Work phone number</b>
<b>Best contact time(s)</b>		<b>Can we contact you at work?</b>

KMAP beneficiary information	
<b>Name(s)</b>	<b>Beneficiary ID (BID) or case number</b>

Names and employer information*		
<b>Working family member</b>	<b>Social Security number</b>	<b>Employer name</b>
<b>Employer's phone number</b>	<b>Employer's street address</b>	<b>City, state, and ZIP code</b>
<b>Working family member</b>	<b>Social Security number</b>	<b>Employer name</b>
<b>Employer's phone number</b>	<b>Employer's street address</b>	<b>City, state, and ZIP code</b>

\*Provide information for all family members over 18 who are currently working.

List the name(s) of any KMAP beneficiaries with any of the following conditions		
<b>Pregnancy:</b>	<b>Organ transplant:</b>	<b>HIV/AIDS:</b>
<b>Diabetes:</b>	<b>Kidney/liver illness:</b>	<b>Cancer:</b>
<b>Heart condition:</b>	<b>Other:</b>	<b>Other:</b>

Current insurance information, if applicable		
<b>Policy number</b>	<b>Group number</b>	<b>Coverage(s)*</b>
<b>Policy effective date</b>	<b>Policy termination date</b>	<b>Comments</b>
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<b>Policy effective date</b>	<b>Policy termination date</b>	<b>Comments</b>

\*Such as medical, dental, Rx.

Additional comments

Send the completed form to the **HIPPS department**.

Mail: PO Box 3571, Topeka, Kansas 66601

Fax number: 785.274.5918

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