

Provider Update Form

To ensure you don't miss important communications from Kepro, providers should keep their contact information updated. Update your facility's general contact information by completing the form below and emailing it to moa@kepro.com. Update your facility's contact information for communications related to appeals by completing the [expedited determinations contact form](#).

Medicare Facility/Provider Name: _____

NPI: _____ CCN: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Main Phone: _____ Main Fax: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Name of Person Completing Form: _____

Title: _____

Email: _____

Phone: _____ Date: _____

Name of CEO/Administrator/Owner: _____

Title: _____

Email: _____

Phone: _____ Fax: _____

General QIO Liaison: Kepro will send determinations and correspondence for case review types other than appeals to this individual. (e.g., Quality of Care reviews, Memorandum of Agreement)

Name of QIO Liaison: _____

Department: _____

Title: _____ Email: _____

Phone: _____ Fax: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Medical Record Contact (for case reviews other than appeals and Quality of Care reviews): Kepro will send medical record requests for case review types other than appeals to this individual.

Name of Medical Record Contact: _____

Department: _____

Title: _____ Email: _____

Phone: _____ Fax: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Medical Staff/Credentialing: Kepro will communicate with this contact about Physician Acknowledgement Monitoring.

Name of Medical Staff/Credentialing: _____

Department: _____

Title: _____ Email: _____

Phone: _____ Fax: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

QIO Remittance Contact and Address: A Provider is entitled to reimbursement of its medical record postage and copying costs, consistent with 42 CFR 480.111. Reimbursements are based only on this federal regulation and not on the provider's copying cost schedule or third-party invoices that may be received by Kepro. Reimbursements are issued by check, are required to be made payable to the provider, and will be sent to the remittance mailing address provided below. Kepro will direct all reimbursement correspondence to the Remittance Contact.

Name of QIO Remittance Contact: _____

Department: _____

Title: _____ Email: _____

Phone: _____ Fax: _____

Remittance Mailing Address: _____

City: _____ State: _____ Zip: _____

Signature

Date