

Requirements for Provider Type 25 – Medical Supplier

Specialty Code

250- Medical Supplies
251- Prosthetist

252- Orthotist
253- Optician

220- Hearing Aid Dispenser

Provider Eligibility Program (PEPs)

Please choose one or more of the following PEP(s):

- Fee-for-Service
- Adult Autism Waiver

Additional Required Documents for Provider Type 25

The following documents and supporting information are required by the Bureau of Fee-for-Service Programs for enrollment:

- Provider Enrollment DME Application with Ownership and Control Interest.
- Signed Pharmacy and Medical Supplier Provider Agreement.
- Include **documentation generated by the Federal IRS** showing the name associated with the FEIN. Remember, a **W-9 is not permissible**.
- Copy of the NPPES Confirmation letter that shows the NPI Number(s) and Taxonomy(s) assigned to the Medical Supplier applying for enrollment.
- Copy of certificate of registration from Department of Health
- If applicable, Copy of DEA Certificate.
- Proof of home state Medicaid participation (out of state DME suppliers only).

Submit the application and supporting documents to:

DHS Provider Enrollment
PO Box 8045
Harrisburg, PA 17105-8045

- or -

Fax: (717) 265-8284

- or -

Email: RA-ProvApp@pa.gov