

Requirements For Provider Type 07 – Capitation

Specialty Code

Please choose from the following for specialty and code:

070 – LTC CAP

071 – Managed Care Organization, Physical Health

Provider Eligibility Program (PEPs)

Please choose the appropriate PEP(s) from the following:

- Physical Health Managed Care
- Long Term Care Cap

Additional Required Documents For Provider Type 07

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

- Provider Enrollment Application.
- **You MUST complete the Provider Disclosure/Ownership or Control interest form. This form can be found on the enrollment website or by following this link:**

http://www.dpw.state.pa.us/cs/groups/webcontent/documents/form/p_011861.pdf

- Signed Provider Agreement.

Submittal Address

After completion of all enrollment documents, send the complete package to:

Bureau of Fee for Service Programs
Enrollment Unit
P.O. Box 8045
Harrisburg, PA 17105-8045