

Requirements for Provider Type 14 – Podiatrist

Specialty Code

- 140 - Podiatrist

Provider Eligibility Program (PEP)

- Fee-For-Service
- Enrollment Not Paid

Required Documents for an Individual Provider Type 14:

The following documents and supporting information are required by the Bureau of Fee-For-Service Programs to enroll as a provider (please ensure all documents are legible):

- Completed enrollment application for an Individual Provider—application must include:
 - Signed Outpatient Provider Agreement with original signature of enrolling Provider; and
 - Completed Ownership or Control Interest Disclosure form, disclosing a managing employee or agent
- If Provider is not a citizen of the United States, submit copy of Permanent Resident Card or Form I-797 showing authorization to work in the United States
- Copy of license issued by Department of State
- Copy of DEA certificate, if applicable
- If application is for an Out-of-State Provider, submit proof of current home state Medicaid participation

Required Documents for a Provider Type 14 Group:

- Completed enrollment application for a Group Provider--applications must include:
 - Signed Outpatient Provider Agreement with original signature of an authorized representative;
 - Completed Ownership or Control Interest Disclosure form; and
 - Group Member form with original signature and Provider ID number of at least one Provider
- Documentation generated by the IRS showing both the Group's legal name and FEIN –documentation must come from the IRS; this Department **does not** accept W-9s
- If Group is tax-exempt, submit IRS 501 (c)(3) letter confirming this status
- If the application is for an Out-of-State Provider, submit proof of current home state Medicaid participation
- If the Group is operating under a fictitious name, submit a copy of the DBA filing with Department of State Corporation Bureau
- Copy of Corporation paperwork issued by Department of State Corporation Bureau or copy of business partnership agreement

Podiatrists (14) are encouraged to apply online via our Electronic Provider Portal at

<https://provider.enrollment.dpw.state.pa.us> . If circumstances do not allow for online submission, send application and documents to:

DHS Provider Enrollment
PO Box 8045
Harrisburg, PA 17105-8045
Fax: (717) 265-8284
E-mail: RA-ProvApp@pa.gov