

Additional Requirements for CHIP-Only Enrollment Provider Type 20 (Audiologist)

Specialty Code

Please choose from the following for specialty and code:

- 200 Audiologist
- 220 Hearing Aid Dispenser
- 572 Early Intervention Service

The following documents and supporting information are required for enrollment: (Please ensure all documents are legible.)

- Completed application for the enrollment of a CHIP Provider – application **must** include:
 - Signed CHIP Provider Agreement
 - Completed Ownership or Control Interest Disclosure form
- Copy of current license issued by the Department of State
 - If Provider is Out-of-State, submit similar licensure issued by appropriate agency.
- If enrolling for Specialty 220 (Hearing Aid Dispenser), submit a current copy of Hearing Aid Supplier Certificate of Registration from the Department of Health.

Requirements for a Provider Type 20 Group:

- Completed application for the enrollment of a Group Provider– application **must** include:
 - Signed CHIP Provider Agreement with original signature of an authorized representative
 - Completed Ownership or Control Interest Disclosure form
 - Group Member form with the 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
- Copies of Corporation papers issued by the Department of State (DOS) Corporation Bureau
- If the Group operates under a fictitious name, submit copy of D/B/A filing with the DOS Corporation Bureau

Audiologists (20) are encouraged to apply online via our Electronic Provider Portal at <https://provider.enrollment.dpw.state.pa.us/>. If circumstances do not allow 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

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