

Additional Requirements for CHIP-Only Enrollment Provider Type 28 (Laboratory)

Specialty Code

Please select the following for specialty and code:

- 280 Independent Laboratory

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 with original signature of an executive officer
 - Completed Ownership or Control Interest Disclosure form
- Documentation generated by the IRS showing both the Provider’s legal name and FEIN—documentation **must** come from the IRS; this Department **does not** accept W-9s
- If Provider 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 Provider operates under a fictitious name, submit copy of D/B/A filing with the DOS Corporation Bureau
- Copy of current Clinical Laboratory Improvements Amendment (CLIA) certificate
- Copy of Clinical Lab Permit issued by Pennsylvania Department of Health
 - Please note that this requirement applies equally to both In-State and Out-of-State Providers
 - If the application is for an Out-of-State Provider, also submit a copy of the clinical lab permit issued by home state, if applicable.

*Laboratories (28) should submit applications online via our Electronic Provider Portal at <https://provider.enrollment.dpw.state.pa.us/>.
If circumstances do not allow online submission and the Medicare Fee has already been paid, 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