

## Additional Requirements for CHIP-Only Enrollment Provider Type 24 (Pharmacy)

### Specialty Code

Please choose from the following for specialty and code:

- 240 Independent
- 241 Institutional Independent
- 242 Chain
- 243 Institutional Chain
- 244 Long Term Care
- 245 Mail Order
- 220 Hearing Aid Dispenser
- 370 Tobacco Cessation
- 025 Personal Emergency Response System

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

- Completed application for the enrollment of a Pharmacy— application **must** include:
  - Signed CHIP Provider Agreement with original signature of an executive officer
  - 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.
- Completed Employed Pharmacists Form
- If applicable, copy of DEA Certificate
- Documentation generated by the IRS showing both the Pharmacy's legal name and FEIN—documentation **must** come from the IRS; this Department **does not** accept W-9s
- If Pharmacy 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 Pharmacy operates under a fictitious name, submit copy of D/B/A filing with the DOS Corporation Bureau

*Pharmacies (24) 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 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](mailto:RA-ProvApp@pa.gov)**

