

## Requirements for Provider Type 02 – Ambulatory Surgical Center

### Specialty Types

- Specialty 020 – Ambulatory Surgical Center

### Provider Eligibility Program (PEP)

- Fee-for-Service

### Required Documents for Provider Type 02

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

*Please note that all Ambulatory Surgical Centers (02/020) must be certified by Medicare **prior** to enrolling with Pennsylvania Medicaid.*

- Completed application for enrollment of a facility—the application must include:
  - Signed Provider Agreement with the original signature of an authorized representative; and
  - Completed Ownership or Control Interest Disclosure form
- Documentation generated by the IRS, showing both the legal name and FEIN of Provider – 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
- Copy of license issued by Department of Health or applicable state licensing agency if Provider is Out-of-State
- If application is for an Out-of-State Provider, submit proof of current home state Medicaid participation
- If Provider operates under a fictitious name, submit copy of D/B/A filing with Department of State Corporation Bureau
- Copies of the applicable corporation or business partnership paperwork as filed with the Department of State Corporation Bureau

*Ambulatory Surgical Centers (02-020) should apply for enrollment 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 been paid, send application and required 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)**