

Requirements for Provider Type 28--Laboratory

Specialty Type

- 280 - Independent Laboratory

Provider Eligibility Program (PEP)

- Fee-for-Service

Required Documents for Provider Type 28

*Please note that all Laboratories must be certified by Medicare **prior** to enrolling with Pennsylvania Medicaid.*

The following documents and supporting information are required by the Bureau of Fee-for-Service Programs for enrollment (please ensure all documents are legible):

- Completed application for the enrollment of a Facility/Agency – all applications must include:
 - Signed Provider Agreement with original signature of an authorized representative; and
 - Completed Ownership or Control Interest Disclosure form
- Documentation generated by the IRS, showing both the Laboratory's legal name and FEIN— documentation must come from the IRS; this Department **does not** accept W-9s
- If Laboratory is tax-exempt, submit IRS 501 (c)(3) letter confirming this status
- 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 Laboratory operates under a fictitious name, submit a copy of the D/B/A filing with Department of State Corporation Bureau
- Copy of Corporation paperwork issued by Department of State Corporation Bureau or a copy of business partnership agreement
- If the application is for an Out-of-State Provider:
 - Submit proof of current home state Medicaid participation; and
 - Submit a copy of the clinical lab permit issued by home state if home state so requires

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, please 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**