

Requirements for Provider Type 29 – X-Ray Clinic

Specialty Type

- 291 – X-Ray Clinic

Provider Eligibility Program (PEP)

- Fee-for-Service

Required Documents for Provider Type 29

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—application 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 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 that status
- Copy of Equipment Inspection Approval as issued by the Department of Environmental Protection (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
- Copy of Corporation paperwork issued by Department of State Corporation Bureau or copy of business partnership agreement

X-Ray Clinics (29) should submit applications online via our Electronic Provider Portal at <https://provider.enrollment.dpw.state.pa.us>. If circumstances do not permit online submission and Medicare fee has been paid, please submit application and documents to:

DHS Provider Enrollment
P.O. Box 8045
Harrisburg, PA 17105-8045
Fax: (717) 265-8284
E-mail: ra-provapp@pa.gov