

## Additional Requirements for CHIP-Only Enrollment Provider Type 27 (Dentist)

### Specialty Code

Please choose from the following for specialty and code:

- 270 Endodontist
- 271 General Dentistry
- 272 Oral/Maxillofacial Surgeon
- 273 Orthodontist/Dentofacial Orthopedist
- 274 Pediatric Dentist
- 275 Periodontist
- 276 Oral Pathologist
- 277 Prosthodontist
- 278 Oral/Maxillofacial Pathologist
- 279 Oral/Maxillofacial Radiologist
- 282 Dental Public Health
- 283 Cleft Palate
- 284 Dental Anesthesiologist, APU
- 285 Dental Anesthesiologist, AP1
- 286 Dental Anesthesiologist, AP2
- 370 Tobacco Cessation

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

- Completed application for the enrollment of a Provider— application **must** include:
  - Signed CHIP Provider Agreement
  - 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.
- If applicable, copy of DEA Certificate
- Dental anesthesia permit (if applicable)
- Completed Orthodontic Education History Form (Specialty 273 - Orthodontist only. See Instructions on Page 2.)

### Required Documents for a Provider Type 27 Group:

- Documentation generated by the IRS showing both the Group's legal name and FEIN—documentation **must** come from the IRS; this Department **does not** accept W-9s
- If Group 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 Group operates under a fictitious name, submit copy of D/B/A filing with the DOS Corporation Bureau

*Dentists (27) 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, 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)**

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**Additional Required Document For Orthodontists (27-273) only:**

**ORTHODONTIC EDUCATION HISTORY FORM INSTRUCTION SHEET**

1. Indicate full name and address as specified.
2. You should answer “yes” only if the orthodontic curriculum at the institution is accredited by the Commission on Accreditation of Dental and Dental Auxiliary Education Programs of the American Dental Association.
3. Include only those courses completed with a passing grade which directly contributed to your orthodontics specialty.  
**(Short titles are acceptable.)**
4. **Dates Attended:** If you are not sure of the exact dates, please specify the school year attended. (Example: 1966-1967)
5. This is designed to indicate how much time was allocated to formal classroom or laboratory instruction for a specific course.  
**For example:** A specific course could have been for two hours of classroom instruction and two hours of laboratory work per week for two semesters covering a full school year. This will amount to 4 hours per week x 13 weeks **(semester weeks can vary)** x 2 semesters = 104 semester hours.
6. Indicate the number of course credits granted by the educational institution.
7. Indicate whether an advanced degree or certificate in orthodontics was issued to you by an educational institution. Identify the educational institution, the date issued, and indicate the specific degree or certificate given.
8. Indicate any other information that you believe would be helpful in delineating your orthodontic education qualifications.

