

## **Requirements for Provider Type 18 - Optometrist**

### **Specialty Code**

- 180 - Optometrist

### **Provider Eligibility Program (PEPs)**

- Fee-For-Service
- Enrollment Not Paid

### **Required Documents for an Individual Provider Type 18:**

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

- Completed application for the enrollment of an Individual Provider--applications must include:
  - o Signed Outpatient Provider Agreement with original signature of enrolling Provider; and
  - o A completed Ownership or Control Interest Disclosure form disclosing a managing employee or agent
- Copy of license issued by Department of State or the appropriate out of state licensing agency
- If application is for an Out-of-State Provider, submit proof of current home state Medicaid participation

### **Required Documents for a Provider Type 18 Group:**

- Completed enrollment application for a Group Provider--applications must include
  - o Signed Outpatient Provider Agreement with original signature of an authorized representative;
  - o Completed Ownership or Control Interest form; and
  - o Group Member form with original signature and Provider ID number of at least one Provider
- 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
- If the application is for an Out-of-State Provider, submit proof of current home state Medicaid participation
- If the Group is operating 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 or copy of business partnership agreement

*Optometrists (18) 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)**