## **Requirements for Provider Type 66 - Funeral Director**

#### Specialty Code

• 660 - Funeral Director

### Provider Eligibility Program (PEP)

Fee-For-Service

### **Required Documents for an Individual Provider Type 66:**

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

- Completed application for the enrollment of an Individual Practitioner– application must include:
  - Signed Provider Agreement with original signature of the enrolling Individual;
  - and o Completed Ownership or Control Interest Disclosure form
- Copy of Funeral Director/Supervisor license issued by the Department of State
- If the application is for an Out-of-State Provider, submit proof of home state Medicaid participation

### Required Documents for a Provider Type 66 Facility:

- Completed application for the enrollment of a Facility/Agency—application must include:
  - $\circ$  ~ Signed Provider Agreement with original signature of an authorized representative; and  $\circ$

Completed Ownership or Control Interest Disclosure form

- Copy of license to operate as a Funeral Home, issued by the Department of State
- 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 this status
- If Provider operates under a fictitious name, submit copy of D/B/A filing with Department of State Corporation Bureau
- Copy of Corporation papers issued by Department of State Corporation Bureau or business partnership agreement
- If application is for an Out-of-State Provider, submit proof of home state Medicaid participation

Funeral Directors and Facilities (66-660) are encouraged to apply online via our Electronic Provider Portal at <u>https://provider.enrollment.dpw.state.pa.us</u>. If circumstances do not allow online submission, send application and all documents to:

DHS Provider Enrollment PO Box 8045 Harrisburg, Pa 17105-8045 Fax: (717) 265-8284 E-mail: <u>RA-ProvApp@pa.gov</u>