

Requirements for Provider Type 10 - Midlevel Practitioner

Specialty Code

- 100 - Physician Assistant
- 269 – Public Health Dental Hygiene Practitioner (PHDHP)

Provider Eligibility Program (PEP)

- Enrollment Not Paid

Required Documents for Provider Type 10:

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 enrolling Provider; and
 - Completed Ownership or Control Interest Disclosure form
- If the Provider is not a citizen of the United States, please submit a copy of the Permanent Resident Card or Form I-797 showing authorization to work in the United States
- Copy of license issued by the Department of State
- If application is for an Out-of-State Provider, submit proof of home state Medicaid participation if that state's Medicaid program allows the enrollment of mid-level practitioners
- **For Provider Type 10-100 only:** Department of State printout verifying licensure and written agreement which identifies and is signed by each physician whom the Physician Assistant will be assisting

Midlevel Practitioners are encouraged to apply electronically via the Electronic Provider Portal, available at <https://provider.enrollment.dpw.state.pa.us/>. If unable to enroll electronically, please send the paper application and all required documents to:

**DHS Provider Enrollment
PO Box 8045
Harrisburg, PA 17105-8045
Fax: (717) 265-8284
E-mail: RA-ProvApp@pa.gov**