

Requirements for Provider Type 24 – Pharmacy

Specialty Code

240- Independent

241- Institutional Independent

242- Chain

243- Institutional Chain

244- Long Term Care

245- Mail Order

220- Hearing Aid Dispenser

370- Tobacco Cessation

025- Personal Emergency
Response System

Provider Eligibility Program (PEPs)

Please choose one or more of the following PEP(s):

- Fee-for-Service
- Adult Autism Waiver
- AIDS Waiver
- Michael Dallas Waiver
- Pennsylvania Department of Aging Waiver and Bridge Program

Additional Required Documents for Provider Type 24

The following documents and supporting information are required by the Bureau of Fee-for-Service Programs for enrollment:

- Provider Enrollment Base Application.
- Signed Pharmacy and Medical Supplier Provider Agreement.
- Ownership and Control Interest Form.
- Include **documentation generated by the Federal IRS** showing the name associated with the FEIN. Remember, a **W-9 is not permissible**.
- A copy of the Corporation papers issued by the Department of State Corporation Bureau
- Copy of the NPPES Confirmation letter that shows the NPI Number(s) and Taxonomy(s) assigned to the Medical Supplier applying for enrollment.
- Copy of Pharmacy Permit
- If applicable, Copy of DEA Certificate.
- Proof of home state Medicaid participation (out of state pharmacies only).

Submit the application and supporting documents to:

DHS Provider Enrollment

PO Box 8045

Harrisburg, PA 17105-8045

- or -

Fax: (717) 265-8284

- or -

Email: RA-ProvApp@pa.gov