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
225- Chain
243-200- Institutional Independent
244-340- Long Term Care
245-350- Mail Order

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