Requirements for Provider Type 02 – Ambulatory Surgical Center

Specialty Types
- Specialty 020 – Ambulatory Surgical Center

Provider Eligibility Program (PEP)
- Fee-for-Service

Required Documents for Provider Type 02
The following documents and supporting information are required by the Bureau of Fee-for-Service Programs to enroll your facility as a provider (please ensure all documents are legible):

Please note that all Ambulatory Surgical Centers (02/020) must be certified by Medicare prior to enrolling with Pennsylvania Medicaid.

- Completed application for enrollment of a facility—the application must include:
  - Signed Provider Agreement with the original signature of an authorized representative; and
  - Completed Ownership or Control Interest Disclosure form

- Documentation generated by the IRS, showing both the legal name and FEIN of Provider – 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

- Copy of license issued by Department of Health or applicable state licensing agency if Provider is Out-of-State

- If application is for an Out-of-State Provider, submit proof of current home state Medicaid participation

- If Provider operates under a fictitious name, submit copy of D/B/A filing with Department of State Corporation Bureau

- Copies of the applicable corporation or business partnership paperwork as filed with the Department of State Corporation Bureau

Ambulatory Surgical Centers (02-020) should apply for enrollment online via our Electronic Provider Portal at https://provider.enrollment.dpw.state.pa.us/. If circumstances do not allow online submission and the Medicare fee has been paid, send application and required documents to:

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

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