Requirements for Provider Type 14 – Podiatrist

Specialty Code
- 140 - Podiatrist

Provider Eligibility Program (PEP)
- Fee-For-Service
- Enrollment Not Paid

Required Documents for an Individual Provider Type 14:
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 enrollment application for an Individual Provider—application must include:
  - Signed Outpatient Provider Agreement with original signature of enrolling Provider; and
  - Completed Ownership or Control Interest Disclosure form, disclosing a managing employee or agent

- If Provider is not a citizen of the United States, submit copy of Permanent Resident Card or Form I-797 showing authorization to work in the United States

- Copy of license issued by Department of State

- Copy of DEA certificate, if applicable

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

Required Documents for a Provider Type 14 Group:

- Completed enrollment application for a Group Provider—applications must include:
  - Signed Outpatient Provider Agreement with original signature of an authorized representative;
  - Completed Ownership or Control Interest Disclosure form; and
  - Group Member form with original signature and Provider ID number of at least one Provider

- Documentation generated by the IRS showing both the Group’s legal name and FEIN—documentation must come from the IRS; this Department does not accept W-9s

- If Group is tax-exempt, submit IRS 501 (c)(3) letter confirming this status

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

- If the Group is operating under a fictitious name, submit a copy of the DBA filing with Department of State Corporation Bureau

- Copy of Corporation paperwork issued by Department of State Corporation Bureau or copy of business partnership agreement

Podiatrists (14) are encouraged to apply online via our Electronic Provider Portal at https://provider.enrollment.dpw.state.pa.us. If circumstances do not allow for online submission, send application and documents to:

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

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