

Requirements For Provider Type 14 – Podiatrist

Specialty Code

Please indicate for specialty and code:

140 - Podiatrist

Provider Eligibility Program (PEPs)

Please indicate the following PEP:

- Fee-For-Service

Additional Required Documents for Provider Type 14:

The following documents and supporting information are required by the Bureau of Fee-For-Service Programs to enroll as a provider:

- Provider Enrollment Application
- Signed Outpatient Provider Agreement
- Copy of SSN or W-2. **Note: W-9s are NOT accepted.** (Any tax document generated by the Federal IRS that shows both the name and SSN of the individual applying for enrollment will be accepted)
- If the Social Security card states “Valid for work only with INS authorization”, please submit the paperwork generated by the INS or Department of Homeland Security that shows proof of authorization to work in the United States
- Copy of License
- Copy of DEA, if applicable
- Proof of home state Medicaid participation (out-of-state providers)
- Copy of the NPPES confirmation letter that shows the NPI number and taxonomy(s) assigned to the individual applying for enrollment

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