

## Requirements for Provider Type 15 - Chiropractor

### Specialty Code

- 150 - Chiropractor

### Provider Eligibility Program (PEP)

- Fee-For-Service
- Enrollment Not Paid

### Required Documents for an Individual Provider Type 15:

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 Practitioner—application must include:
  - Signed Outpatient Provider Agreement with original signature of enrolling Provider; and
  - Completed Ownership or Control Interest Disclosure form
- If the 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
- If application is for an Out-of-State Provider, submit proof of current home state Medicaid participation

### Required Documents for a Provider Type 15 Group:

- Completed enrollment application for a Group Provider—application 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 the 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 D/B/A filing with Department of State Corporation Bureau
- Copy of Corporation paperwork issued by Department of State Corporation Bureau or copy of business partnership agreement

Chiropractors (15) 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 application submission, submit the application and all required documents to:

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