

## Requirements for Provider Type 18 - Optometrist

### Specialty Code

- 180 - Optometrist

### Provider Eligibility Program (PEPs)

- Fee-For-Service
- Enrollment Not Paid

### Required Documents for an Individual Provider Type 18:

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

- Completed application for the enrollment of an Individual Provider--applications must include:
  - Signed Outpatient Provider Agreement with original signature of enrolling Provider; and
  - A completed Ownership or Control Interest Disclosure form disclosing a managing employee or agent
- If the Provider is not a United States citizen, 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 or the appropriate out of state licensing agency
- If application is for an Out-of-State Provider, submit proof of current home state Medicaid participation

### Required Documents for a Provider Type 18 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 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 D/B/A filing with Department of State Corporation Bureau
- Copy of Corporation paperwork issued by Department of State or copy of business partnership agreement

*Optometrists (18) are encouraged to apply online via our Electronic Provider Portal at <https://provider.enrollment.dpw.state.pa.us> . If circumstances do not allow online submission, send application and 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)**