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
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