

Requirements for Provider Type 20 - Audiologist

Specialty Code

Please choose from the following for the specialty and code:

- 200 – Audiologist
- 220 – Hearing Aid Dispenser
- 572 – Early Intervention Service

Provider Eligibility Program (PEP)

Please choose at least one PEP for each specialty.

- Fee-for-Service
- Enrollment Not Paid
- Early Intervention MA (for Specialty 20-572 only)
- Early Intervention Maintenance (for Specialty 20-572 only)

Required Documents for an Individual Provider Type 20

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 application for the enrollment of an Individual Practitioner—application must include:
 - Signed Outpatient Provider Agreement with the 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
- If enrolling for **Specialty 220**, submit a current copy of Hearing Aid Supplier Certificate of Registration from Department of Health

Required Documents for a Provider Type 20 Group

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

- Documentation generated by the IRS showing both the Provider’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 application is for an Out-of-State Provider, submit proof of current home state Medicaid participation
- If Group operates under a fictitious name, submit copy of 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

Audiologists (20) are encouraged to submit applications 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 all required documents to:

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