

REQUIREMENTS FOR PROVIDER TYPE 26 - TRANSPORTATION

Specialty Code

Please choose from the following for the specialty and code:

- 254- Attendant Escort
- 260 – Ambulance – Basic Life Support
- 261 – Ambulance – Advanced Life Support
- 262 – Air Ambulance
- 264- Mass Transit
- 265- Para-Transit
- 266- Client Reimbursement (mileage, toll)
- 267- Non-Emergency
- 268- Other

Provider Eligibility Program (PEPs)

Please indicate the following PEP:

- Consolidated Waiver
- Fee-for-Service
- OMR Base Program
- Person/Family Directed Support Waiver

Additional Required Documents For Provider Type 26

The following documents and supporting information are required by the Bureau of Fee-for-Service Programs for enrollment:

- Provider Enrollment Application
- **You MUST complete the Provider Disclosure / Ownership or Control interest form. This form can be found on the enrollment website or by following this link:**
- http://www.dpw.state.pa.us/cs/groups/webcontent/documents/form/p_011861.pdf
- Signed Provider Agreement
- Copy of IRS generate tax document that shows name and FEIN of entity applying for enrollment.
- Copy of License

Submittal Address

After completion of all enrollment documents, send the complete package to:

DPW
Provider Enrollment Unit
P.O. Box 8045
Harrisburg, PA 17105-8045