

Requirements for Provider Type 27 - Dentist

Specialty Code

Please choose from the following for the specialty and code:

- 270- Endodontist
- 271- General Dentistry
- 272 – Oral/Maxillofacial Surgeon
- 273 – Orthodontist/Dentofacial Orthopedist (see page 2 and 3 for additional documentation for Orthodontists)
- 274 – Pediatric Dentist
- 275 – Periodontist
- 276 – Oral Pathologist
- 277 – Prosthodontist
- 278 – Oral/Maxillofacial Pathologist
- 279 – Oral/Maxillofacial Radiologist
- 282 – Dental Public Health
- 283 – Cleft Palate
- 284 – Dental Anesthesiologist, APU
- 285 – Dental Anesthesiologist, AP1
- 286 – Dental Anesthesiologist, AP2
- 370 – Tobacco Cessation

Provider Eligibility Program (PEP)

- Fee-For-Service
- Enrollment Not Paid (if fee-assigning to an RHC or FQHC)

Required Documents for an Individual Provider Type 27:

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 enrollment of an Individual Practitioner – application must include:
 - Signed Outpatient Provider Agreement with enrolling Provider’s original signature; 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 the Department of State
- Copy of Anesthesia Permit, if applicable
- Copy of DEA certificate, if applicable
- If application is for an Out-of-State Provider, submit proof of current home state Medicaid participation

Required Documents for a Provider Type 27 Group:

- Completed application for enrollment of a Group – 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 Provider ID and original signature of at least one Provider who is fee-assigning to the Group
- Document generated by the IRS showing both the Provider’s legal entity name and FEIN – this document must come from the IRS; this Department **does not** accept W-9s
- If the Provider is tax-exempt, submit IRS 501 (c)(3) letter confirming this status
- If the Provider 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

Dentists (27) are encouraged to apply online via our Electronic Provider Portal at <https://provider.enrollment.dpw.state.pa.us> . If circumstances do not permit online submission, send the application and documents to:

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

Additional Required Document for Orthodontists (27-273) only:

ORTHODONTIC EDUCATION HISTORY FORM INSTRUCTION SHEET

1. Indicate full name and address as specified.
2. You should answer “yes” only if the orthodontic curriculum at the institution is accredited by the Commission on Accreditation of Dental and Dental Auxiliary Education Programs of the American Dental Association.
3. Include only those courses completed with a passing grade which directly contributed to your orthodontics specialty. **(Short titles are acceptable.)**
4. **Dates Attended:** If you are not sure of the exact dates, please specify the school year attended. **(Example: 1966-1967)**
5. This is designed to indicate how much time was allocated to formal classroom or laboratory instruction for a specific course. **For example:** A specific course could have been for two hours of classroom instruction and two hours of laboratory work per week for two semesters covering a full school year. This will amount to 4 hours per week x 13 weeks **(semester weeks can vary)** x 2 semesters = 104 semester hours.
6. Indicate the number of course credits granted by the educational institution.
7. Indicate whether an advanced degree or certificate in orthodontics was issued to you by an educational institution. Identify the educational institution, the date issued, and indicate the specific degree or certificate given.
8. Indicate any other information that you believe would be helpful in delineating your orthodontic education qualifications.

ORTHODONTIC EDUCATION HISTORY FORM

<i>NAME AND ADDRESS OF EDUCATION INSTITUTION</i>	<i>IS INSTITUTION A.D.A. ACCREDITED?</i>	<i>COURSE TITLE</i>	<i>DATES ATTENDED</i>	<i>TOTAL NO. OF FORMAL INSTRUCTION HOURS</i>	<i>TOTAL CREDIT HOURS EARNED</i>	<i>INDICATE DEGREE OR CERTIFICATE EARNED</i>	<i>OTHER INFORMATION</i>

SIGNATURE

DATE