

Requirements For Provider Type 29 – X-Ray Clinic

Specialty Type

Please indicate for the specialty and code:

291 - X-Ray Clinic

Provider Eligibility Program (PEPs)

Please indicate the following PEP:

- Fee-for-Service

Additional Required Documents For Provider Type 29

The following documents and supporting information are required by the Bureau of Fee-for-Service Programs for enrollment: **ALL DOCUMENTS MUST BE LEGIBLE TO BE ACCEPTED.**

- Provider Enrollment Application with signed provider agreement
- Copy of Tax Documentation generated by the Federal IRS showing both the name of the x-ray clinic and the tax id number.
- Copy of Corporation papers, if applicable.
- Copy of Department of Environmental Protection Agency Equipment Inspection Approval
- Include a legible copy of the **NPPES Confirmation letter** showing the NPI Number and Taxonomy(s) assigned to the x-ray clinic applying for enrollment
- Proof of home state Medicaid participation (out of state providers only)

Submit the application and supporting documents to:

DHS Provider Enrollment
PO Box 8045
Harrisburg, PA 17105-8045

Applications can also be submitted via fax: 717- 265-8284 or via email ra-provapp@pa.gov