

Requirements for Provider Type 66 - Funeral Director

Specialty Code

- 660 - Funeral Director

Provider Eligibility Program (PEP)

- Fee-For-Service

Required Documents for an Individual Provider Type 66:

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 Provider Agreement with original signature of the enrolling Individual; 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 Funeral Director/Supervisor license issued by the Department of State
- If the application is for an Out-of-State Provider, submit proof of home state Medicaid participation

Required Documents for a Provider Type 66 Facility:

- Completed application for the enrollment of a Facility/Agency—application must include:
 - Signed Provider Agreement with original signature of an authorized representative; and
 - Completed Ownership or Control Interest Disclosure form
- Copy of license to operate as a Funeral Home, issued by the Department of State
- 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 Provider is tax-exempt, submit IRS 501 (c)(3) letter confirming this status
- If Provider operates under a fictitious name, submit copy of D/B/A filing with Department of State Corporation Bureau
- Copy of Corporation papers issued by Department of State Corporation Bureau or business partnership agreement
- If application is for an Out-of-State Provider, submit proof of home state Medicaid participation

Funeral Directors and Facilities (66-660) 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 all documents to:

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