

Requirements for Provider Type 25- DME Suppliers

Specialty Code

- 220 – Hearing Aid Dispenser
- 250 – Medical Supplies
- 251 – Prosthetist
- 252 – Orthotist
- 253 – Optician

Provider Eligibility Program (PEP)

- Fee-for-Service
- Adult Autism Waiver

Additional Required Documents for Provider Type 25

The following documents and supporting information are required by the Bureau of Fee-for-Service Programs for enrollment (please ensure all documents are legible):

- Completed application for enrollment of a DME Provider-- application must include:
 - Signed DME Provider Agreement with original signature; and
 - Completed Ownership or Control Disclosure form
- Documentation generated by the IRS showing both the Provider's legal name and FEIN—documentation must come from IRS; this Department **does not** accept W-9s
- Copy of Certificate of Registration issued by Department of Health
- If applicable, copy of DEA Certificate
- Copy of Corporation paperwork issued by Department of State Corporation Bureau or copy of business partnership agreement
- If operating under a fictitious name, submit copy of D/B/A filing with Department of State Corporation Bureau
- If an Out-of-State Provider, proof of current home state Medicaid participation

DME Suppliers (25) should apply online via our Electronic Provider Portal, at <https://provider.enrollment.dpw.state.pa.us> . If circumstances do not allow online submission and the Medicare fee has been paid, send application and documents to:

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